

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF DELAWARE

Case number (if known)

Chapter

11☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name UrgentPoint, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

None

3. Debtor's federal Employer Identification Number (EIN) 82-2594040

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

600 Corporate Pointe  
Suite 1220  
Culver City, CA 90230

Number, Street, City, State &amp; ZIP Code

2554 Lincoln Blvd.  
#196  
Venice, CA 90291

P.O. Box, Number, Street, City, State &amp; ZIP Code

Los Angeles

County

Location of principal assets, if different from principal place of business

Number, Street, City, State &amp; ZIP Code

5. Debtor's website (URL) www.upmedical.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor **UrgentPoint, Inc.**  
Name

Case number (if known)

**7. Describe debtor's business** A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5511**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_  
District \_\_\_\_\_

When \_\_\_\_\_  
When \_\_\_\_\_

Case number \_\_\_\_\_  
Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☐ No
- ☒ Yes.

Debtor **UrgentPoint, Inc.** Case number (if known) \_\_\_\_\_  
Name

List all cases. If more than 1,  
attach a separate list

Debtor **UrgentPoint Medical Group, PC** Relationship **Affiliate**  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |

**15. Estimated Assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

Debtor **UrgentPoint, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.


Executed on **5/20/2024**  
MM / DD / YYYY**X** **/s/ Joe Chauvapun, M.D.**  
Signature of authorized representative of debtor  
  
Title **Chief Executive Officer****Joe Chauvapun, M.D.**  
Printed name**18. Signature of attorney****X** **/s/ Thomas J. Francella, Jr.**  
Signature of attorney for debtorDate **5/20/2024**  
MM / DD / YYYY**Thomas J. Francella, Jr.**  
Printed name**Whiteford, Taylor & Preston LLC**  
Firm name**600 North King Street**  
**Suite 300**  
**Wilmington, DE 19801**  
Number, Street, City, State & ZIP CodeContact phone **(302) 353-4144**Email address **tfrancella@whitefordlaw.com****5857 DE**  
Bar number and State

**CERTIFICATE OF SECRETARY  
OF  
URGENTPOINT MEDICAL GROUP, PC**

The undersigned, Thomas Lee, hereby certifies that:

- A. He is the duly elected, qualified and acting Secretary of UrgentPoint, Inc., a Delaware corporation, and as such is familiar with the books and records of said corporation;
- B. Attached hereto as Exhibit A is a true and correct copy of resolutions duly adopted by the sole director of said corporation dated April 29, 2024; and
- C. Such resolutions have not been amended or revoked, and remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has executed this certificate this 1st day of May, 2024.

  
\_\_\_\_\_  
Name: Thomas Lee  
Title: Secretary

**EXHIBIT A**  
**RESOLUTIONS**

**RESOLUTIONS BY THE SOLE DIRECTOR  
OF  
URGENTPOINT, INC.**

**Dated April 29, 2024**

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The undersigned, being the sole director (the “Director”) of UrgentPoint, Inc., a Delaware corporation (the “Corporation”), acting by unanimous written consent without a meeting pursuant to Section 141(f) of Chapter 1, title 8 of the Delaware Code, hereby adopts the following resolutions:

1. Waiver of Notice, Agenda and Meeting.

RESOLVED, that the Director, by signing below, waives meeting, agenda for such meeting, and notice of such meeting.

2. Commencement of Chapter 11 (Subchapter V) Case.

WHEREAS, the Director has determined that it is in the best interest of the Corporation for the Corporation to file with a federal bankruptcy court a voluntary petition pursuant to subchapter V of chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”) as set forth below.

NOW, THEREFORE, BE IT RESOLVED, that the Corporation be, and hereby is, authorized to file with the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”) a voluntary petition pursuant to subchapter V of chapter 11 of the Bankruptcy Code as set forth in these resolutions;

FURTHER RESOLVED, that Joe Chauvapun, M.D., the Chief Executive Officer of the Corporation (“CEO”), on behalf of the Corporation, is hereby authorized and empowered to execute, deliver, and file or cause to be filed, at such time when the CEO determines, in his informed, good faith, business judgment that it is in the best interest of the Corporation, with the Bankruptcy Court, a voluntary petition of the Corporation pursuant to subchapter V of chapter 11 of the Bankruptcy Code (the “Petition”), in such form as prescribed by the Official Forms promulgated in connection with the Bankruptcy Code;

FURTHER RESOLVED, that upon filing of the Petition as authorized by the preceding resolution, the CEO or such other officer of the Corporation expressly authorized by the CEO to act (collectively with the CEO, the “Authorized Officers”), on behalf of the Corporation, be, and hereby is, authorized and empowered to execute and deliver and file or cause to be filed with the Bankruptcy Court, all papers and pleadings necessary or convenient to facilitate the subchapter V, chapter 11 bankruptcy case of the Corporation and all of its matters and proceedings, and any and all other documents, including affidavits, necessary or appropriate in connection with the commencement of the subchapter V, chapter 11 bankruptcy case of the Corporation, each in such form or forms as the Authorized Officer so acting may approve;

FURTHER RESOLVED, that each Authorized Officer, on behalf of the Corporation be, and hereby is, authorized and empowered to execute and deliver and file or cause to be filed with the Bankruptcy Court, all papers and pleadings necessary or convenient to effect, cause, or promote the Corporation's reorganization pursuant to subchapter V, chapter 11 of the Bankruptcy Code and any and all other documents, including affidavits or oral testimony necessary or appropriate in connection therewith, each in such form or forms as the Authorized Officer so acting may approve;

FURTHER RESOLVED, that each Authorized Officer, on behalf of the Corporation be, and hereby is, authorized and empowered to take or cause to be taken any and all such further action, to execute and deliver any and all such further instruments and documents and to pay all such fees and expenses, as the Authorized Officer so acting shall deem appropriate in his judgment to fully carry out the intent and accomplish the purposes of these resolutions;

FURTHER RESOLVED, that each Authorized Officer, on behalf of the Corporation be, and hereby is, authorized to certify and attest to any documents which he may deem necessary or appropriate to consummate any transactions necessary to effectuate the foregoing resolutions; provided, such attestation shall not be required for the validity of any such documents;

FURTHER RESOLVED, that the engagement of the law firms of Theodora Oringer, PC as general bankruptcy and restructuring counsel, and of Whiteford, Taylor & Preston LLP as local Delaware counsel, in the representation of the Corporation as debtor and debtor in possession, prior to and in any cases commenced by the Corporation under the Bankruptcy Code, and in all matters arising in connection therewith, are hereby approved, and each Authorized Officer be, and hereby is, authorized and empowered to retain such other attorneys, advisors, accountants, consultants or other professionals on behalf of the Corporation as the Authorized Officer so acting may determine to be necessary or appropriate;

FURTHER RESOLVED, that notwithstanding anything herein to the contrary, no Authorized Officer shall have authority to execute, deliver, or file a plan of reorganization, plan of liquidation, sale of substantially all of the Corporation's assets, voluntary dismissal or conversion in connection with the Corporation's subchapter V, chapter 11 case, without further authority from the Director; and

FURTHER RESOLVED, that all actions heretofore taken by the CEO or other Authorized Officers, in the name of and on behalf of the Corporation in connection with any of the above matters are hereby in all respects ratified, confirmed, and approved.

*[Signature page follows.]*



IN WITNESS WHEREOF, the undersigned has executed these Resolutions by the Sole Director of UrgentPoint, Inc. to be effective as of the date first set forth above.

A handwritten signature in black ink, appearing to be 'Joe Chauvapun', is written over a horizontal line.

Name: Joe Chauvapun, M.D.  
Title: Director

**Fill in this information to identify the case:**Debtor name **UrgentPoint, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known): \_\_\_\_\_

☐ Check if this is an  
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code                                | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Legacy Medical Consultants LP<br>9800 Hillwood Pkwy<br>Suite 320<br>Fort Worth, TX<br>76177-1527 | receivablesmgmt@legacymedicalconsultants.com<br>817-961-1288 | Trade Debt  |  |  |   | \$890,880.00    |
| Boston Scientific<br>100 Boston Scientific Way<br>Marlborough, MA<br>01752                       | invoices@bsci.com<br>888-272-9442                            | Trade Debt  |  |  |   | \$494,659.86    |
| AllScripts<br>305 Church at North Hills Street<br>Raleigh, NC 27609                              | finance.callcenter@allscripts.com<br>800-877-5678            | Trade Debt  |  |  |   | \$245,636.57    |
| VeriQuest Medical Solutions Inc<br>155 Matisse Cir<br>Aliso Viejo, CA<br>92656                   | chris.veriquestmed@gmail.com<br>714-803-8607                 | Trade Debt  |  |  |   | \$241,362.53    |
| Theodora Oringher PC<br>1840 Century Park East<br>Suite 500<br>Los Angeles, CA<br>90067          | sscott@tocounsel.com<br>310-557-2009                         | Professional Services   |  |  |   | \$228,460.05    |
| Microwize Technology, Inc<br>1 Kalisa Way<br>Suite 101<br>Paramus, NJ 07652                      | invoicing@microwize.com<br>201-322-4100                      | Trade Debt  |  |  |   | \$219,505.50    |
| Divvy<br>6220 America Center Drive<br>Suite 100<br>San Jose, CA 95002                            | 385-352-0374   | Trade Debt  |  |  |   | \$157,500.55    |

Debtor **UrgentPoint, Inc.**  
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code                     | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Memora Health Inc.<br>38 Bluxome St.<br>Suite 410<br>San Francisco, CA 94107          | sales@memorahealth.com<br>480-335-7348                       | Trade Debt  |  |  |   | \$155,000.00    |
| IT Labs, LLC<br>4521 PGA Blvd<br>#224<br>Palm Beach Gardens, FL 33418                 | accounting@it-labs.com<br>323-384-7368                       | Trade Debt  |  |  |   | \$144,545.00    |
| Fastly<br>475 Brannan Street<br>Suite 300<br>San Francisco, CA 94107                  | alouris@fastly.com<br>502-640-0847                           | Trade Debt  |  |  |   | \$123,211.20    |
| Faizer, Rumi<br>Address on File   |  | Services  |  |  |   | \$121,661.56    |
| Blue Shield of California<br>PO Box 749415<br>Los Angeles, CA 90074-9415              | 510-607-2000   | Trade Debt  |  |  |   | \$109,381.07    |
| Headway Capital<br>175 W Jackson Blvd<br>Suite 1000<br>Chicago, IL 60604              | collections@headwaycapital.com<br>866-698-8494               | Trade Debt  |  |  |   | \$100,000.00    |
| Suval Real Estate Management, LLC<br>14190 Riverside Dr<br>Apple Valley, CA 92307     | diane.suval@gmail.com<br>760-490-1345                        | Trade Debt  |  |  |   | \$100,000.00    |
| Organogenesis<br>85 Dan Rd<br>Canton, MA 02021  | ddavis@organo.com<br>800-235-5765                            | Trade Debt  |  |  |   | \$96,333.33     |
| Venclose, Inc.<br>2570 N. First St.<br>Suite 221<br>San Jose, CA 95131                | info@venclose.com<br>844-834-6292                            | Trade Debt  |  |  |   | \$93,853.75     |
| Dargon, Phong<br>Address on File  |  | Services  |  |  |   | \$89,538.45     |
| Siemens Medical Solutions, USA Inc.<br>40 Liberty Boulevard<br>Malvern, PA 19355-1418 | biwest.team@siemens-healthineers.com<br>800-888-7436         | Trade Debt  |  |  |   | \$85,896.57     |
| Gambrell, Pamela<br>Address on File   |  | Services  |  |  |   | \$82,446.14     |
| Mauro, Julia<br>Address on File   |  | Services  |  |  |   | \$82,034.65     |

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

UrgentPoint, Inc., *et al.*,<sup>1</sup>

Debtors.

Chapter 11 (Subchapter V)

Case No. \_\_\_\_\_ (\_\_\_)

(Joint Administration Requested)

**Corporate Ownership Statement And List Of Equity Holders**

Pursuant to Rules 1007(a)(1), 1007(a)(3), and 7007.1 of the Federal Rules of Bankruptcy Procedure, the following are equity holders, other than governmental units, that directly or indirectly own 10% of more of any class of the Debtor's equity interests:

| <b>Name and Last Known Address or Place of Business of Holder</b>   | <b>Percentage of Ownership</b> |
|---|--------------------------------|
| Joe Chauvapun, M.D.<br>2554 Lincoln Blvd., #196<br>Venice, CA 90291 | 70.80%                         |

1297450.1/81526.45003

<sup>1</sup> The Debtors in these subchapter V cases, along with the last four digits of each Debtor's federal tax identification number, are UrgentPoint, Inc. (4040) and UrgentPoint Medical Group, PC (5152). The Debtors' mailing address is 2554 Lincoln Blvd., #196, Venice, CA 90291.

**Fill in this information to identify the case:**Debtor name **UrgentPoint, Inc.**United States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Corporate Ownership Statement

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 20, 2024**X** /s/ Joe Chauvapun, M.D.

Signature of individual signing on behalf of debtor

Joe Chauvapun, M.D.

Printed name

Chief Executive Officer

Position or relationship to debtor

**UrgentPoint, Inc.**  
**Balance Sheet**  
As of February 29, 2024

**ASSETS****Current Assets**

|                             |                  |
|-----------------------------|------------------|
| Cash and Cash Equivalents   | \$ 105,611       |
| Accounts Receivable, Net    | 776,696          |
| Prepaid Expenses            | 185,874          |
| Due from Related Parties    | 4,429,607        |
| <b>Total Current Assets</b> | <b>5,497,788</b> |

**Long-term Assets**

|   |                  |
|---|------------------|
| Property, Plant, and Equipment, Net     | 127,946          |
| Finance Lease Right-of-Use Asset, Net   | 570,018          |
| Operating Lease Right-of-Use Asset, Net | 1,646,448        |
| Other Assets                            | 79,923           |
| <b>Total Long-term Assets</b>           | <b>2,424,334</b> |

**TOTAL ASSETS**

**\$ 7,922,122**

**LIABILITIES AND EQUITY****Current Liabilities**

|  |                  |
|--|------------------|
| Accounts Payable                             | \$ 1,605,100     |
| Accrued Payroll                              | 629,968          |
| Current Portion of Long-term Debt            | 11,494           |
| Current Portion of Long-term Finance Lease   | 129,938          |
| Current Portion of Long-term Operating Lease | 839,136          |
| Short-term Debt                              | 1,657,639        |
| Due to Related Parties                       | 2,500            |
| Other Current Liabilities                    | 157,501          |
| <b>Total Current Liabilities</b>             | <b>5,033,277</b> |

**Long-term Liabilities**

|                                       |                  |
|---------------------------------------|------------------|
| Long-term Debt                        | 634,858          |
| Long-term Finance Lease Liabilities   | 466,552          |
| Long-term Operating Lease Liabilities | 807,311          |
| <b>Total Long-term Liabilities</b>    | <b>1,908,721</b> |

**TOTAL LIABILITIES**

**6,941,998**

**EQUITY**

**980,125**

**TOTAL LIABILITIES AND EQUITY**

**\$ 7,922,122**

**UrgentPoint, Inc.**  
**Income Statement**  
For the Two Months Ended February 29, 2024

**REVENUE**

|                        |                |
|------------------------|----------------|
| Management Fee Revenue | \$ 321,225     |
| <b>Total Revenue</b>   | <b>321,225</b> |

**EXPENSES**

|                                     |                 |
|-------------------------------------|-----------------|
| Salaries & Benefits                 | 1,152,009       |
| Professional & Outsourced Services  | 137,382         |
| Sales & Marketing                   | 334             |
| Travel & Entertainment              | 4,525           |
| Facility Costs                      | 191,521         |
| Other General & Administrative      | 119,504         |
| Depreciation & Amortization         | 29,144          |
| Taxes                               | 10,607          |
| Management Fee - Expense Allocation | (1,264,871)     |
| <b>Total Expenses</b>               | <b>380,155</b>  |
| <b>OPERATING INCOME</b>             | <b>(58,930)</b> |

**OTHER INCOME (EXPENSES)**

|                             |                 |
|-----------------------------|-----------------|
| Interest Expense            | (18,438)        |
| <b>Total Other Expenses</b> | <b>(18,438)</b> |

**NET LOSS**

|                    |
|--------------------|
| <b>\$ (77,369)</b> |
|--------------------|

**UrgentPoint, Inc.**  
**Statement of Cash Flows**  
For the Two Months Ended February 29, 2024

|  |                   |
|--|-------------------|
| <b>CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>                  | <b>\$ 2,189</b>   |
| <b>Cash flow from operating activities:</b>                              |                   |
| Net loss   | (77,369)          |
| Adjustments to reconcile net loss to net cash from operating activities: |                   |
| Depreciation & amortization  | 29,144            |
| Changes in operating assets and liabilities:                             |                   |
| Accounts receivable, net   | (490,878)         |
| Prepaid expenses   | 58,407            |
| Due from related parties   | (51,758)          |
| Accounts payable   | 280,718           |
| Accrued payroll  | 399,803           |
| Net cash provided by operating activities                                | 148,068           |
| <b>Cash flow from investing activities:</b>                              | -                 |
| <b>Cash flow from financing activities:</b>                              |                   |
| Repayments of short-term debt  | (51,853)          |
| Repayments of long-term debt   | 28,189            |
| Repayments of finance lease obligations                                  | (20,983)          |
| Net cash used by financing activities                                    | (44,647)          |
| Net increase in cash and cash equivalents                                | 103,421           |
| <b>CASH AND CASH EQUIVALENTS AT END OF PERIOD</b>                        | <b>\$ 105,611</b> |



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



APRIL 18, 2022

URGENTPOINT, INC.  
2554 LINCOLN BLVD. #196  
VENICE, CA 90291

DEAR JOE:

ENCLOSED ARE YOUR 2021 CORPORATE TAX RETURNS AND 2022 ESTIMATED TAX VOUCHERS,  
AS FOLLOWS...

2021 U.S. CORPORATION INCOME TAX RETURN

2022 FEDERAL ESTIMATED TAX WORKSHEET

2021 CALIFORNIA CORPORATION INCOME TAX RETURN

2022 CALIFORNIA ESTIMATED TAX VOUCHERS

2021 NEW JERSEY CORPORATION INCOME TAX RETURN

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

AZNIV GHAZARYAN, CPA

## 2021 TAX RETURN FILING INSTRUCTIONS

U.S. CORPORATION INCOME TAX RETURN

### FOR THE YEAR ENDING

DECEMBER 31, 2021

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**PREPARED FOR:**

URGENTPOINT, INC.  
2554 LINCOLN BLVD. #196  
VENICE, CA 90291

---

**PREPARED BY:**

WITHUMSMITH&BROWN PC  
16830 VENTURA BLVD., SUITE 501  
ENCINO, CA 91436

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

|                              |    |        |
|------------------------------|----|--------|
| TOTAL TAX                    | \$ | 28,866 |
| LESS: PAYMENTS AND CREDITS   | \$ | 30,000 |
| PLUS: INTEREST AND PENALTIES | \$ | 607    |
| OVERPAYMENT                  | \$ | 527    |

---

**OVERPAYMENT:**

|                              |    |     |
|------------------------------|----|-----|
| CREDIT TO YOUR ESTIMATED TAX | \$ | 527 |
| REFUNDED TO YOU              | \$ | 0   |

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER REVIEWING YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-C AND CONTACT OUR OFFICE TO CONFIRM THAT YOUR RETURN CAN BE FILED ELECTRONICALLY.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FEDERAL FORM 8879-C TO US BY APRIL 18, 2022.

---

**SPECIAL INSTRUCTIONS:**

**2022 ESTIMATED TAX FILING INSTRUCTIONS**

CORPORATION ESTIMATED INCOME TAX

**FOR THE YEAR ENDING**

DECEMBER 31, 2022

**PREPARED FOR:**

URGENTPOINT, INC.  
2554 LINCOLN BLVD. #196  
VENICE, CA 90291

**PREPARED BY:**

WITHUMSMITH&BROWN PC  
16830 VENTURA BLVD., SUITE 501  
ENCINO, CA 91436

**AMOUNT OF TAX:**

|                                   |    |        |
|-----------------------------------|----|--------|
| TOTAL ESTIMATED TAX               | \$ | 29,200 |
| LESS CREDIT FROM PRIOR YEAR       | \$ | 527    |
| LESS AMOUNT PAID ON 2022 ESTIMATE | \$ | 7,000  |
| BALANCE DUE                       | \$ | 21,673 |

**PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:**

| VOUCHER | AMOUNT   | DUE DATE           |
|---------|----------|--------------------|
| NO. 1   | \$ 0     | APRIL 18, 2022     |
| NO. 2   | \$ 7,073 | JUNE 15, 2022      |
| NO. 3   | \$ 7,300 | SEPTEMBER 15, 2022 |
| NO. 4   | \$ 7,300 | DECEMBER 15, 2022  |

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

**MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:**

DEPOSIT YOUR FUNDS USING THE IRS ELECTRONIC REMITTANCE PROCESSING SYSTEM, EFTPS.

**SPECIAL INSTRUCTIONS:**

DEPOSIT YOUR FUNDS USING THE IRS ELECTRONIC REMITTANCE PROCESSING SYSTEM, EFTPS. TAXPAYERS CAN MAKE PAYMENTS ONLINE AT [WWW.EFTPS.GOV](http://WWW.EFTPS.GOV) OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-3453. EFTPS DEPOSITS MUST BE INITIATED DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. IF YOU ARE USING THE ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

CORPORATION  
**Two-Year Comparison**

**2021**

| Name  |            | Employer Identification Number |                        |
|---|------------|--------------------------------|------------------------|
| URGENTPOINT, INC.   |            | 82-2594040                     |                        |
| Description   | Prior Year | Current Year                   | Increase<br>(Decrease) |
| <b>INCOME:</b>  |            |                                |                        |
| GROSS RECEIPTS OR SALES LESS<br>RETURNS AND ALLOWANCES        | 1,952,913. | 4,897,406.                     | 2,944,493.             |
| GROSS PROFITS   | 1,952,913. | 4,897,406.                     | 2,944,493.             |
| INTEREST  | 77.        | 12,036.                        | 11,959.                |
| NET GAIN (LOSS) FROM FORM 4797                                | 0.         | 500.                           | 500.                   |
| OTHER INCOME  | 228,192.   | 245,993.                       | 17,801.                |
| TOTAL INCOME  | 2,181,182. | 5,155,935.                     | 2,974,753.             |
| <b>DEDUCTIONS:</b>  |            |                                |                        |
| COMPENSATION OF OFFICERS                                      | 496,210.   | 649,415.                       | 153,205.               |
| SALARIES AND WAGES LESS<br>EMPLOYMENT CREDITS                 | 686,545.   | 1,991,603.                     | 1,305,058.             |
| REPAIRS AND MAINTENANCE                                       | 0.         | 900.                           | 900.                   |
| RENTS   | 106,160.   | 341,453.                       | 235,293.               |
| TAXES AND LICENSES  | 93,057.    | 237,803.                       | 144,746.               |
| INTEREST  | 26,561.    | 0.                             | -26,561.               |
| DEPRECIATION  | 65,288.    | 59,205.                        | -6,083.                |
| ADVERTISING   | 11,824.    | 6,882.                         | -4,942.                |
| EMPLOYEE BENEFIT PROGRAMS                                     | 47,224.    | 147,301.                       | 100,077.               |
| OTHER DEDUCTIONS  | 419,813.   | 1,521,454.                     | 1,101,641.             |
| TOTAL DEDUCTIONS  | 1,952,682. | 4,956,016.                     | 3,003,334.             |
| <b>TAXABLE INCOME:</b>  |            |                                |                        |
| TAXABLE INCOME BEFORE NOL DEDUCTION<br>AND SPECIAL DEDUCTIONS | 228,500.   | 199,919.                       | -28,581.               |
| NET OPERATING LOSS DEDUCTION                                  | 228,500.   | 62,463.                        | -166,037.              |
| TAXABLE INCOME  | 0.         | 137,456.                       | 137,456.               |
| <b>TAX COMPUTATION:</b>                                       |            |                                |                        |
| INCOME TAX  | 0.         | 28,866.                        | 28,866.                |
| TAX BEFORE CREDITS  | 0.         | 28,866.                        | 28,866.                |
| EFFECTIVE TAX RATE  | 0.0000%    | 21.0002%                       | 21.0002%               |
| MARGINAL TAX RATE   | 0.0000%    | 21.0000%                       | 21.0000%               |
| TAX AFTER CREDITS   | 0.         | 28,866.                        | 28,866.                |
| TOTAL TAX   | 0.         | 28,866.                        | 28,866.                |
| <b>PAYMENTS AND CREDITS:</b>                                  |            |                                |                        |

CORPORATION  
**Two-Year Comparison**

**2021**

| Name  |            | Employer Identification Number |                        |
|---|------------|--------------------------------|------------------------|
| URGENTPOINT, INC.   |            | 82-2594040                     |                        |
| Description   | Prior Year | Current Year                   | Increase<br>(Decrease) |
| TAX DEPOSITED WITH FORM 7004                                    | 0.         | 30,000.                        | 30,000.                |
| TOTAL PAYMENTS AND CREDITS                                      | 0.         | 30,000.                        | 30,000.                |
| BALANCE DUE OR REFUND:  |            |                                |                        |
| ESTIMATED TAX PENALTY   | 0.         | 607.                           | 607.                   |
| OVERPAYMENT   | 0.         | 527.                           | 527.                   |
| OVERPAYMENT APPLIED TO ESTIMATED TAX                            | 0.         | 527.                           | 527.                   |
| AMOUNT REFUNDED   | 0.         | 0.                             | 0.                     |
| SCHEDULE M-1:   |            |                                |                        |
| NET INCOME (LOSS) PER BOOKS                                     | 221,038.   | 291,025.                       | 69,987.                |
| BOOK EXPENSES NOT ON RETURN                                     | 7,462.     | 17,939.                        | 10,477.                |
| INCOME ON BOOKS NOT ON RETURN                                   | 0.         | 109,045.                       | 109,045.               |
| INCOME PER RETURN   | 228,500.   | 199,919.                       | -28,581.               |
| SCHEDULE M-2:   |            |                                |                        |
| BALANCE AT BEGINNING OF YEAR - UNAPPROPRIATED RETAINED EARNINGS | -300,566.  | -79,528.                       | 221,038.               |
| NET INCOME (LOSS) PER BOOKS                                     | 221,038.   | 291,025.                       | 69,987.                |
| BALANCE AT END OF YEAR - UNAPPROPRIATED RETAINED EARNINGS       | -79,528.   | 211,497.                       | 291,025.               |

Form **8879-C****IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021, ending \_\_\_\_\_, 20\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879C](http://www.irs.gov/Form8879C) for the latest information.****2021**

Name of corporation

**URGENTPOINT, INC.**

Employer identification number

**82-2594040****Part I Tax Return Information** (Whole dollars only)

|   |                                     |   |            |
|---|-------------------------------------|---|------------|
| 1 | Total income (Form 1120, line 11)   | 1 | 5,155,935. |
| 2 | Taxable income (Form 1120, line 30) | 2 | 137,456.   |
| 3 | Total tax (Form 1120, line 31)      | 3 | 28,866.    |
| 4 | Amount owed (Form 1120, line 35)    | 4 |            |
| 5 | Overpayment (Form 1120, line 36)    | 5 | 527.       |

**Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize WITHUMSMITH&BROWN PC to enter my PIN 70032  
ERO firm name do not enter all zeros

as my signature on the corporation's 2021 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_ Title ▶ **PRESIDENT**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**22006200010**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-C** (2021)

LHA

Form **7004**  
(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.**

|                              |  |                    |
|------------------------------|--|--------------------|
| <b>Print<br/>or<br/>Type</b> | Name   | Identifying number |
|                              | URGENTPOINT, INC.  | 82-2594040         |
|                              | Number, street, and room or suite no. (If P.O. box, see instructions.)   |                    |
|                              | 2554 LINCOLN BLVD. #196  |                    |
|                              | City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) |                    |
|                              | VENICE, CA 90291   |                    |

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for 12

| Application Is For:                               | Form Code | Application Is For:               | Form Code |
|---|-----------|-----------------------------------|-----------|
| Form 706-GS(D)                                    | 01        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 706-GS(T)                                    | 02        | Form 1120-PC                      | 21        |
| Form 1041 (bankruptcy estate only)                | 03        | Form 1120-POL                     | 22        |
| Form 1041 (estate other than a bankruptcy estate) | 04        | Form 1120-REIT                    | 23        |
| Form 1041 (trust)                                 | 05        | Form 1120-RIC                     | 24        |
| Form 1041-N                                       | 06        | Form 1120S                        | 25        |
| Form 1041-QFT                                     | 07        | Form 1120-SF                      | 26        |
| Form 1042   | 08        | Form 3520-A                       | 27        |
| Form 1065   | 09        | Form 8612                         | 28        |
| Form 1066   | 11        | Form 8613                         | 29        |
| Form 1120   | 12        | Form 8725                         | 30        |
| Form 1120-C                                       | 34        | Form 8804                         | 31        |
| Form 1120-F                                       | 15        | Form 8831                         | 32        |
| Form 1120-FSC                                     | 16        | Form 8876                         | 33        |
| Form 1120-H                                       | 17        | Form 8924                         | 35        |
| Form 1120-L                                       | 18        | Form 8928                         | 36        |
| Form 1120-ND                                      | 19        |                                   |           |

**Part II All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ► ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ► ☐  
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ► ☐
- 5a The application is for calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

|  |   |         |
|--|---|---------|
| 6 Tentative total tax  | 6 | 30,000. |
| 7 Total payments and credits. See instructions               | 7 | 0.      |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 30,000. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045



Form **1120-W**  
(WORKSHEET)Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

, and ending

**Estimated Tax for Corporations**

OMB No. 1545-0123

**2022**▶ Go to [www.irs.gov/Form1120W](http://www.irs.gov/Form1120W) for instructions and the latest information.

▶ Keep for the corporation's records - Do not send to the Internal Revenue Service.

**Estimated Tax Computation**

|    |   |    |             |            |            |
|----|---|----|-------------|------------|------------|
| 1  | Taxable income expected for the tax year  | 1  |             |            |            |
| 2  | Multiply line 1 by 21% (0.21)   | 2  |             |            |            |
| 3  | Tax credits. See instructions   | 3  |             |            |            |
| 4  | Subtract line 3 from line 2   | 4  |             |            |            |
| 5  | Other taxes. See instructions   | 5  |             |            |            |
| 6  | <b>Total tax.</b> Add lines 4 and 5   | 6  |             |            |            |
| 7  | Credit for federal tax paid on fuels and other refundable credits. See instructions   | 7  |             |            |            |
| 8  | Subtract line 7 from line 6. <b>Note:</b> If the result is less than \$500, the corporation is not required to make estimated tax payments  | 8  |             |            |            |
| 9a | Enter the tax shown on the corporation's 2021 tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 8 on line 9b  | 9a |             |            | 28,866.    |
| b  | Enter the <b>smaller</b> of line 8 or line 9a. If the corporation is required to skip line 9a, enter the amount from line 8   | 9b |             |            | 28,866.    |
|    |   |    | ADJUSTED TO |            | 29,200.    |
| 10 | <b>Installment due dates.</b> See instructions  | 10 | (a)         | (b)        | (c)        |
|    |   |    | 04/18/2022  | 06/15/2022 | 09/15/2022 |
| 11 | <b>Required installments.</b> Enter 25% of line 9b in columns (a) through (d). If the corporation uses the annualized income installment method, or adjusted seasonal installment method, or is a "large corporation," see the instructions for the amount to enter | 11 | 0.          | 7,073.     | 7,300.     |
|    |   |    |             |            | 7,300.     |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1120-W** (2022)

AMOUNT ALREADY PAID 7,000.  
OVERPAYMENT APPLIED 527.  
NO. OF INSTALLMENTS REQUIRED 4

TOTAL OVERPAYMENT 527.  
AMOUNT REFUNDED 0.

## U.S. Corporation Income Tax Return

OMB No. 1545-0123

Form **1120**Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.**2021****A** Check if:

- 1a Consolidated return (attach Form 851) ☐
- b Life/nonlife consolidated return ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (see instructions) ☐
- 4 Schedule M-3 attached ☐

**TYPE  
OR  
PRINT**

Name

**URGENTPOINT, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

**2554 LINCOLN BLVD. #196**

City or town, state or province, country, and ZIP or foreign postal code

**VENICE, CA 90291****B** Employer identification number**82-2594040****C** Date incorporated**08/23/2017****D** Total assets (see instructions)**\$ 639,989.****E** Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

|   |  |                                 |                        |   |
|---|--|---------------------------------|------------------------|---|
| <b>Income</b>   | <b>1a</b> Gross receipts or sales  | <b>1a</b>                       | <b>4,897,406.</b>      |   |
|   | <b>b</b> Returns and allowances  | <b>1b</b>                       |                        |   |
|   | <b>c</b> Balance. Subtract line 1b from line 1a  | <b>1c</b>                       | <b>4,897,406.</b>      |   |
|   | <b>2</b> Cost of goods sold (attach Form 1125-A)   | <b>2</b>                        |                        |   |
|   | <b>3</b> Gross profit. Subtract line 2 from line 1c  | <b>3</b>                        | <b>4,897,406.</b>      |   |
|   | <b>4</b> Dividends and inclusions (Schedule C, line 23)  | <b>4</b>                        |                        |   |
|   | <b>5</b> Interest  | <b>5</b>                        | <b>SEE STATEMENT 1</b> | <b>12,036.</b>  |
|   | <b>6</b> Gross rents   | <b>6</b>                        |                        |   |
|   | <b>7</b> Gross royalties   | <b>7</b>                        |                        |   |
|   | <b>8</b> Capital gain net income (attach Schedule D (Form 1120))   | <b>8</b>                        |                        |   |
|   | <b>9</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)  | <b>9</b>                        |                        | <b>500.</b>   |
| <b>10</b> Other income (attach statement)   | <b>10</b>  | <b>SEE STATEMENT 2</b>          | <b>245,993.</b>        |   |
| <b>11</b> Total income. Add lines 3 through 10  | <b>11</b>  |                                 | <b>5,155,935.</b>      |   |
| <b>Deductions (See instructions for limitations on deductions.)</b>   | <b>12</b> Compensation of officers (attach Form 1125-E)  | <b>12</b>                       | <b>649,415.</b>        |   |
|   | <b>13</b> Salaries and wages (less employment credits)   | <b>13</b>                       | <b>1,991,603.</b>      |   |
|   | <b>14</b> Repairs and maintenance  | <b>14</b>                       | <b>900.</b>            |   |
|   | <b>15</b> Bad debts  | <b>15</b>                       |                        |   |
|   | <b>16</b> Rents  | <b>16</b>                       | <b>341,453.</b>        |   |
|   | <b>17</b> Taxes and licenses   | <b>17</b>                       | <b>SEE STATEMENT 3</b> | <b>237,803.</b>   |
|   | <b>18</b> Interest (see instructions)  | <b>18</b>                       |                        |   |
|   | <b>19</b> Charitable contributions   | <b>19</b>                       |                        |   |
|   | <b>20</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)   | <b>20</b>                       | <b>59,205.</b>         |   |
|   | <b>21</b> Depletion  | <b>21</b>                       |                        |   |
|   | <b>22</b> Advertising  | <b>22</b>                       | <b>6,882.</b>          |   |
|   | <b>23</b> Pension, profit-sharing, etc., plans   | <b>23</b>                       |                        |   |
|   | <b>24</b> Employee benefit programs  | <b>24</b>                       | <b>147,301.</b>        |   |
|   | <b>25</b> Reserved for future use  | <b>25</b>                       |                        |   |
|   | <b>26</b> Other deductions (attach statement)  | <b>26</b>                       | <b>SEE STATEMENT 4</b> | <b>1,521,454.</b>   |
|   | <b>27</b> Total deductions. Add lines 12 through 26  | <b>27</b>                       |                        | <b>4,956,016.</b>   |
|   | <b>28</b> Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11   | <b>28</b>                       |                        | <b>199,919.</b>   |
| <b>29a</b> Net operating loss deduction (see instructions)  | <b>29a</b>   | <b>STATEMENT 5</b>              | <b>62,463.</b>         |   |
| <b>b</b> Special deductions (Schedule C, line 24)   | <b>29b</b>   |                                 |                        |   |
| <b>c</b> Add lines 29a and 29b  | <b>29c</b>   |                                 | <b>62,463.</b>         |   |
| <b>Tax, Refundable Credits, and Payments</b>  | <b>30</b> Taxable income. Subtract line 29c from line 28. See instructions   | <b>30</b>                       | <b>137,456.</b>        |   |
|   | <b>31</b> Total tax (Schedule J, Part I, line 11)  | <b>31</b>                       | <b>28,866.</b>         |   |
|   | <b>32</b> Reserved for future use  | <b>32</b>                       |                        |   |
|   | <b>33</b> Total payments and credits (Schedule J, Part III, line 23)   | <b>33</b>                       | <b>30,000.</b>         |   |
|   | <b>34</b> Estimated tax penalty. See instructions. Check if Form 2220 is attached <input checked="" type="checkbox"/>  | <b>34</b>                       | <b>607.</b>            |   |
|   | <b>35</b> Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed  | <b>35</b>                       | <b>0.</b>              |   |
|   | <b>36</b> Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid   | <b>36</b>                       | <b>527.</b>            |   |
| <b>37</b> Enter amount from line 36 you want: Credited to 2022 estimated tax <b>527.</b> Refunded <input checked="" type="checkbox"/> | <b>37</b>  |                                 |                        |   |
| <b>Sign Here</b>  | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                                 |                        | May the IRS discuss this return with the preparer shown below?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Signature of officer _____ Date _____ <b>PRESIDENT</b><br>Title  |                                 |                        |   |
| <b>Paid</b>   | Print/Type preparer's name<br><b>AZNIV GHAZARYAN, CPA</b>  | Preparer's signature            | Date                   | Check if self-employed <input type="checkbox"/> PTIN <b>P00885604</b>   |
| <b>Preparer</b>   | Firm's name <b>WITHUMSMITH&amp;BROWN PC</b>  | Firm's EIN <b>22-2027092</b>    |                        |   |
| <b>Use Only</b>   | Firm's address <b>16830 VENTURA BLVD., SUITE 501<br/>ENCINO, CA 91436</b>  | Phone no. <b>(818) 789-1179</b> |                        |   |

Form 1120 (2021)

**URGENTPOINT, INC.****82-2594040** Page **2**

| <b>Schedule C</b> <b>Dividends, Inclusions, and Special Deductions</b><br>(see instructions)  | <b>(a) Dividends and inclusions</b> | <b>(b) %</b>     | <b>(c) Special deductions<br/>(a) x (b)</b> |
|---|-------------------------------------|------------------|---|
| <b>1</b> Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) .....  |                                     | <b>50</b>        |   |
| <b>2</b> Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) .....  |                                     | <b>65</b>        |   |
| <b>3</b> Dividends on certain debt-financed stock of domestic and foreign corporations .....  |                                     | See Instructions |   |
| <b>4</b> Dividends on certain preferred stock of less-than-20%-owned public utilities .....   |                                     | <b>23.3</b>      |   |
| <b>5</b> Dividends on certain preferred stock of 20%-or-more-owned public utilities .....   |                                     | <b>26.7</b>      |   |
| <b>6</b> Dividends from less-than-20%-owned foreign corporations and certain FSCs .....   |                                     | <b>50</b>        |   |
| <b>7</b> Dividends from 20%-or-more-owned foreign corporations and certain FSCs .....   |                                     | <b>65</b>        |   |
| <b>8</b> Dividends from wholly owned foreign subsidiaries .....   |                                     | <b>100</b>       |   |
| <b>9 Subtotal.</b> Add lines 1 through 8 .....  |                                     | See Instructions |   |
| <b>10</b> Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 .....  |                                     | <b>100</b>       |   |
| <b>11</b> Dividends from affiliated group members .....   |                                     | <b>100</b>       |   |
| <b>12</b> Dividends from certain FSCs .....   |                                     | <b>100</b>       |   |
| <b>13</b> Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) .....   |                                     | <b>100</b>       |   |
| <b>14</b> Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) .....   |                                     |                  |   |
| <b>15</b> Reserved for future use .....   |                                     |                  |   |
| <b>16a</b> Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions) ..... |                                     | <b>100</b>       |   |
| <b>b</b> Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) .....   |                                     |                  |   |
| <b>c</b> Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions) .....   |                                     |                  |   |
| <b>17</b> Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992) .....  |                                     |                  |   |
| <b>18</b> Gross-up for foreign taxes deemed paid .....  |                                     |                  |   |
| <b>19</b> IC-DISC and former DISC dividends not included on line 1, 2, or 3 .....   |                                     |                  |   |
| <b>20</b> Other dividends .....   |                                     |                  |   |
| <b>21</b> Deduction for dividends paid on certain preferred stock of public utilities .....   |                                     |                  |   |
| <b>22</b> Section 250 deduction (attach Form 8993) .....  |                                     |                  |   |
| <b>23 Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4 .....  |                                     |                  |   |
| <b>24 Total special deductions.</b> Add column (c), lines 9 through 22. Enter here and on page 1, line 29b .....  |                                     |                  |   |

Form **1120** (2021)

Form 1120 (2021) URGENTPOINT, INC.

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**Schedule J Tax Computation and Payment** (see instructions)**Part I - Tax Computation**

|    |  |                          |         |
|----|--|--------------------------|---------|
| 1  | Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) | <input type="checkbox"/> |         |
| 2  | Income tax. See instructions   |                          | 28,866. |
| 3  | Base erosion minimum tax amount (attach Form 8991)   |                          |         |
| 4  | Add lines 2 and 3  |                          | 28,866. |
| 5a | Foreign tax credit (attach Form 1118)  | 5a                       |         |
| b  | Credit from Form 8834 (see instructions)   | 5b                       |         |
| c  | General business credit (attach Form 3800)   | 5c                       |         |
| d  | Credit for prior year minimum tax (attach Form 8827)                                       | 5d                       |         |
| e  | Bond credits from Form 8912  | 5e                       |         |
| 6  | <b>Total credits.</b> Add lines 5a through 5e  | 6                        |         |
| 7  | Subtract line 6 from line 4  | 7                        | 28,866. |
| 8  | Personal holding company tax (attach Schedule PH (Form 1120))                              | 8                        |         |
| 9a | Recapture of investment credit (attach Form 4255)  | 9a                       |         |
| b  | Recapture of low-income housing credit (attach Form 8611)                                  | 9b                       |         |
| c  | Interest due under the look-back method-completed long-term contracts (attach Form 8697)   | 9c                       |         |
| d  | Interest due under the look-back method-income forecast method (attach Form 8866)          | 9d                       |         |
| e  | Alternative tax on qualifying shipping activities (attach Form 8902)                       | 9e                       |         |
| f  | Interest/tax due under Section 453A(c) and/or Section 453(l)                               | 9f                       |         |
| g  | Other (see instructions - attach statement)  | 9g                       |         |
| 10 | <b>Total.</b> Add lines 9a through 9g  | 10                       |         |
| 11 | <b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31                | 11                       | 28,866. |

**Part II - Reserved For Future Use**

|    |                         |    |  |
|----|-------------------------|----|--|
| 12 | Reserved for future use | 12 |  |
|----|-------------------------|----|--|

**Part III - Payments and Refundable Credits**

|    |   |     |         |
|----|---|-----|---------|
| 13 | 2020 overpayment credited to 2021   | 13  |         |
| 14 | 2021 estimated tax payments   | 14  |         |
| 15 | 2021 refund applied for on Form 4466  | 15  | ( )     |
| 16 | Combine lines 13, 14, and 15  | 16  |         |
| 17 | Tax deposited with Form 7004  | 17  | 30,000. |
| 18 | Withholding (see instructions)  | 18  |         |
| 19 | <b>Total payments.</b> Add lines 16, 17, and 18   | 19  | 30,000. |
| 20 | Refundable credits from:  |     |         |
| a  | Form 2439   | 20a |         |
| b  | Form 4136   | 20b |         |
| c  | Reserved for future use   | 20c |         |
| d  | Other (attach statement - see instructions)   | 20d |         |
| 21 | <b>Total credits.</b> Add lines 20a through 20d   | 21  |         |
| 22 | Reserved for future use   | 22  |         |
| 23 | <b>Total payments and credits.</b> Add lines 19 and 21. Enter here and on page 1, line 33 | 23  | 30,000. |

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Form 1120 (2021) **URGENTPOINT, INC.**

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**Schedule K Other Information** (see instructions)

|  |            |           |
|--|------------|-----------|
| <b>1</b> Check accounting method: <b>a</b> <input checked="" type="checkbox"/> Cash <b>b</b> <input type="checkbox"/> Accrual <b>c</b> <input type="checkbox"/> Other (specify) ▶ _____  | <b>Yes</b> | <b>No</b> |
| <b>2</b> See the instructions and enter the:   |            |           |
| <b>a</b> Business activity code no. ▶ <b>561110</b>  |            |           |
| <b>b</b> Business activity ▶ <b>ADMINISTRATIVE MGMT</b>  |            |           |
| <b>c</b> Product or service ▶ <b>ADMINISTRATIVE MGMT</b>   |            |           |
| <b>3</b> Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____<br>If "Yes," enter name and EIN of the parent corporation ▶ _____   |            | <b>X</b>  |
| <b>4</b> At the end of the tax year:   |            |           |
| <b>a</b> Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) _____ |            | <b>X</b>  |
| <b>b</b> Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) _____   | <b>X</b>   |           |
| <b>5</b> At the end of the tax year, did the corporation:  |            |           |
| <b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on <b>Form 851</b> , Affiliations Schedule? For rules of constructive ownership, see instructions _____<br>If "Yes," complete (i) through (iv) below.                                | <b>X</b>   |           |

| (i) Name of Corporation                         | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
|---|--|--------------------------------|---------------------------------------|
| <b>ELECTRONIC HEALTH MANAGEMENT APPLICATION</b> | <b>83-0566240</b>                            | <b>UNITED STATES</b>           | <b>100.00%</b>                        |
|   |  |                                |                                       |
|   |  |                                |                                       |

|  |  |          |
|--|--|----------|
| <b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions _____<br>If "Yes," complete (i) through (iv) below. |  | <b>X</b> |
|--|--|----------|

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|--|-------------------------------|---|
|                    |  |                               |   |
|                    |  |                               |   |
|                    |  |                               |   |

|   |  |          |
|---|--|----------|
| <b>6</b> During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 _____<br>If "Yes," file <b>Form 5452</b> , Corporate Report of Nondividend Distributions. See the instructions for Form 5452.<br>If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.  |  | <b>X</b> |
| <b>7</b> At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? _____<br>For rules of attribution, see section 318. If "Yes," enter:<br><b>(a)</b> Percentage owned ▶ _____ and <b>(b)</b> Owner's country ▶ _____<br><b>(c)</b> The corporation may have to file <b>Form 5472</b> , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____ |  | <b>X</b> |
| <b>8</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ ▶ <input type="checkbox"/><br>If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.   |  |          |
| <b>9</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____   |  |          |
| <b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <b>13</b>   |  |          |
| <b>11</b> If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here _____ ▶ <input type="checkbox"/><br>If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.   |  |          |
| <b>12</b> Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) _____ ▶ \$ <b>62,463.</b>  |  |          |

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**Schedule K Other Information** (continued from page 4)

|  | Yes      | No       |
|--|----------|----------|
| <b>13</b> Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year <b>and</b> its total assets at the end of the tax year less than \$250,000? .....   |          | <b>X</b> |
| If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ .....  |          |          |
| <b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions .....   |          | <b>X</b> |
| If "Yes," complete and attach Schedule UTP.  |          |          |
| <b>15a</b> Did the corporation make any payments in 2021 that would require it to file Form(s) 1099? .....   | <b>X</b> |          |
| <b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? .....   | <b>X</b> |          |
| <b>16</b> During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock? .....  |          | <b>X</b> |
| <b>17</b> During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? .....   |          | <b>X</b> |
| <b>18</b> Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? .....   |          | <b>X</b> |
| <b>19</b> During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? .....   |          | <b>X</b> |
| <b>20</b> Is the corporation operating on a cooperative basis? .....   |          | <b>X</b> |
| <b>21</b> During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions .....   |          | <b>X</b> |
| If "Yes," enter the total amount of the disallowed deductions ► \$ .....   |          |          |
| <b>22</b> Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) .....   |          | <b>X</b> |
| If "Yes," complete and attach Form 8991.   |          |          |
| <b>23</b> Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions .....  |          | <b>X</b> |
| <b>24</b> Does the corporation satisfy one or more of the following? See instructions .....  |          | <b>X</b> |
| <b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.   |          |          |
| <b>b</b> The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.  |          |          |
| <b>c</b> The corporation is a tax shelter and the corporation has business interest expense.   |          |          |
| If "Yes," complete and attach Form 8990.   |          |          |
| <b>25</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? .....   |          | <b>X</b> |
| If "Yes," enter amount from Form 8996, line 15 ..... ► \$ .....  |          |          |
| <b>26</b> Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions ..... |          | <b>X</b> |
| Percentage: By Vote  |          |          |
| By Value   |          |          |

Form **1120** (2021)

| Schedule L Balance Sheets per Books         |  | Beginning of tax year |          | End of tax year |          |
|---|--|-----------------------|----------|-----------------|----------|
| Assets                                      |  | (a)                   | (b)      | (c)             | (d)      |
| 1   | Cash .....   |                       | 30,228.  |                 | 6,145.   |
| 2a  | Trade notes and accounts receivable .....                    |                       |          |                 |          |
| b   | Less allowance for bad debts .....                           | ( )                   |          | ( )             |          |
| 3   | Inventories .....  |                       |          |                 |          |
| 4   | U.S. government obligations .....                            |                       |          |                 |          |
| 5   | Tax-exempt securities .....                                  |                       |          |                 |          |
| 6   | Other current assets (att. stmt.) <b>STMT 6</b> .....        |                       | 9,586.   |                 | 336.     |
| 7   | Loans to shareholders .....                                  |                       |          |                 |          |
| 8   | Mortgage and real estate loans .....                         |                       |          |                 |          |
| 9   | Other investments (att. stmt.) <b>STMT 7</b> .....           |                       | 323,018. |                 | 491,027. |
| 10a   | Buildings and other depreciable assets .....                 | 82,861.               |          | 134,457.        |          |
| b   | Less accumulated depreciation .....                          | ( 75,893.)            | 6,968.   | ( 124,113.)     | 10,344.  |
| 11a   | Depletable assets .....                                      |                       |          |                 |          |
| b   | Less accumulated depletion .....                             | ( )                   |          | ( )             |          |
| 12  | Land (net of any amortization) .....                         |                       |          |                 |          |
| 13a   | Intangible assets (amortizable only) .....                   | 135,719.              |          | 135,719.        |          |
| b   | Less accumulated amortization .....                          | ( 27,144.)            | 108,575. | ( 36,192.)      | 99,527.  |
| 14  | Other assets (att. stmt.) <b>STMT 8</b> .....                |                       | 23,500.  |                 | 32,610.  |
| 15  | Total assets .....   |                       | 501,875. |                 | 639,989. |
| <b>Liabilities and Shareholders' Equity</b> |  |                       |          |                 |          |
| 16  | Accounts payable .....                                       |                       |          |                 |          |
| 17  | Mortgages, notes, bonds payable in less than 1 year .....    |                       |          |                 |          |
| 18  | Other current liabilities (att. stmt.) <b>STMT 9</b> .....   |                       | 109,045. |                 |          |
| 19  | Loans from shareholders .....                                |                       | 385,403. |                 | 368,384. |
| 20  | Mortgages, notes, bonds payable in 1 year or more .....      |                       |          |                 |          |
| 21  | Other liabilities (att. stmt.) <b>STMT 10</b> .....          |                       | 86,955.  |                 | 60,108.  |
| 22  | Capital stock: a Preferred stock .....                       |                       |          |                 |          |
|   | b Common stock .....   |                       |          |                 |          |
| 23  | Additional paid-in capital .....                             |                       |          |                 |          |
| 24  | Retained earnings - Appropriated (attach statement) .....    |                       |          |                 |          |
| 25  | Retained earnings - Unappropriated .....                     |                       | -79,528. |                 | 211,497. |
| 26  | Adjustments to shareholders' equity (attach statement) ..... |                       |          |                 |          |
| 27  | Less cost of treasury stock .....                            |                       | ( )      |                 | ( )      |
| 28  | Total liabilities and shareholders' equity .....             |                       | 501,875. |                 | 639,989. |

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

|                |   |          |    |  |          |
|----------------|---|----------|----|--|----------|
| 1              | Net income (loss) per books .....   | 291,025. | 7  | Income recorded on books this year not included on this return (itemize):      |          |
| 2              | Federal income tax per books .....  |          |    | Tax-exempt interest \$ .....   |          |
| 3              | Excess of capital losses over capital gains .....                           |          |    | <b>STMT 12</b> 109,045.  |          |
| 4              | Income subject to tax not recorded on books this year (itemize): .....      |          |    |  | 109,045. |
| 5              | Expenses recorded on books this year not deducted on this return (itemize): |          | 8  | Deductions on this return not charged against book income this year (itemize): |          |
| a              | Depreciation ..... \$ .....   |          |    | a Depreciation ..... \$ .....  |          |
| b              | Charitable contributions ..... \$ .....                                     |          |    | b Charitable contributions ..... \$ .....                                      |          |
| c              | Travel and entertainment ..... \$ 1,942.                                    |          |    |  |          |
| <b>STMT 11</b> | 15,997.   | 17,939.  | 9  | Add lines 7 and 8 .....  | 109,045. |
| 6              | Add lines 1 through 5 .....   | 308,964. | 10 | Income (page 1, line 28) - line 6 less line 9 .....                            | 199,919. |

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)**

|   |                                    |          |   |   |          |
|---|------------------------------------|----------|---|---|----------|
| 1 | Balance at beginning of year ..... | -79,528. | 5 | Distributions: a Cash .....                       |          |
| 2 | Net income (loss) per books .....  | 291,025. |   | b Stock .....                                     |          |
| 3 | Other increases (itemize): .....   |          |   | c Property .....                                  |          |
|   |                                    |          | 6 | Other decreases (itemize): .....                  |          |
|   |                                    |          | 7 | Add lines 5 and 6 .....                           |          |
| 4 | Add lines 1, 2, and 3 .....        | 211,497. | 8 | Balance at end of year (line 4 less line 7) ..... | 211,497. |

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year 2021 :  
**SECTION 3.01(3)**

103801 02-28-22



**SCHEDULE G  
(Form 1120)**(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service**Information on Certain Persons Owning the  
Corporation's Voting Stock**

OMB No. 1545-0123

▶ Attach to Form 1120.

|                   |                                      |
|-------------------|--------------------------------------|
| Name              | Employer identification number (EIN) |
| URGENTPOINT, INC. | 82-2594040                           |

**Part I** **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Percentage Owned in Voting Stock |
|--------------------|--|----------------------|------------------------------|--------------------------------------|
|                    |  |                      |                              |                                      |
|                    |  |                      |                              |                                      |
|                    |  |                      |                              |                                      |
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|                    |  |                      |                              |                                      |
|                    |  |                      |                              |                                      |

**Part II** **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b).

Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Percentage Owned in Voting Stock |
|----------------------------------|----------------------------------|---|---------------------------------------|
| JOE CHAUVAPUN                    | 568-67-1046                      | UNITED STATES                                   | 56.00%                                |
|                                  |                                  |   |                                       |
|                                  |                                  |   |                                       |
|                                  |                                  |   |                                       |
|                                  |                                  |   |                                       |
|                                  |                                  |   |                                       |
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|                                  |                                  |   |                                       |
|                                  |                                  |   |                                       |
|                                  |                                  |   |                                       |



Form **2220**  
Department of the Treasury  
Internal Revenue Service

**Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

**2021**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

|                                  |   |
|----------------------------------|---|
| Name<br><b>URGENTPOINT, INC.</b> | Employer identification number<br><b>82-2594040</b> |
|----------------------------------|---|

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

|  |    |         |
|--|----|---------|
| 1 Total tax (see instructions) .....   | 1  | 28,866. |
| 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....  | 2a |         |
| 2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....   | 2b |         |
| 2c Credit for federal tax paid on fuels (see instructions) .....   | 2c |         |
| d Total. Add lines 2a through 2c .....   | 2d |         |
| 3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....   | 3  | 28,866. |
| 4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 ..... | 4  |         |
| 5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....  | 5  | 28,866. |

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

|   | (a)          | (b)        | (c)        | (d)        |
|---|--------------|------------|------------|------------|
| 9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....   | 9 04/15/2021 | 06/15/2021 | 09/15/2021 | 12/15/2021 |
| 10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column ..... | 10 7,217.    | 7,216.     | 7,217.     | 7,216.     |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....  | 11           |            |            |            |
| <b>Complete lines 12 through 18 of one column before going to the next column.</b>  |              |            |            |            |
| 12 Enter amount, if any, from line 18 of the preceding column .....   | 12           |            |            |            |
| 13 Add lines 11 and 12 .....  | 13           |            |            |            |
| 14 Add amounts on lines 16 and 17 of the preceding column .....   | 14           | 7,217.     | 14,433.    | 21,650.    |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- .....  | 15           |            |            |            |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....  | 16           | 7,217.     | 14,433.    |            |
| 17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....   | 17 7,217.    | 7,216.     | 7,217.     | 7,216.     |
| 18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....  | 18           |            |            |            |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

URGENTPOINT, INC.

82-2594040

Form 2220 (2021)

Page 2

**Part IV Figuring the Penalty**

|   | (a)          | (b)       | (c)     | (d)     |
|---|--------------|-----------|---------|---------|
| <b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.<br>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions ..... | <b>19</b>    | <b>13</b> |         |         |
| <b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....  | <b>20</b>    |           |         |         |
| <b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....   | <b>21</b>    |           |         |         |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...  | <b>22</b> \$ | \$        | \$      | \$      |
| <b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 ...  | <b>23</b>    |           |         |         |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...  | <b>24</b> \$ | \$        | \$      | \$      |
| <b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....   | <b>25</b>    |           |         |         |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...  | <b>26</b> \$ | \$        | \$      | \$      |
| <b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 ...  | <b>27</b>    |           |         |         |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...  | <b>28</b> \$ | \$        | \$      | \$      |
| <b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....   | <b>29</b>    |           |         |         |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....  | <b>30</b> \$ | \$        | \$      | \$      |
| <b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 ...  | <b>31</b>    |           |         |         |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....  | <b>32</b> \$ | \$        | \$      | \$      |
| <b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....   | <b>33</b>    |           |         |         |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....  | <b>34</b> \$ | \$        | \$      | \$      |
| <b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 ...   | <b>35</b>    |           |         |         |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....  | <b>36</b> \$ | \$        | \$      | \$      |
| <b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....  | <b>37</b> \$ | 220.      | \$ 183. | \$ 129. |
| <b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....  | <b>38</b>    |           |         | \$ 607. |

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2021)

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)  
 Name(s) shown on return

**Depreciation and Amortization**  
 (Including Information on Listed Property) OTHER

OMB No. 1545-0172

**2021**  
 Attachment  
 Sequence No. **179**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

URGENTPOINT, INC.

OTHER DEPRECIATION

82-2594040

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|    |   |                              |                  |
|    |   |                              |                  |
|    |   |                              |                  |
|    |   |                              |                  |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2020 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

|    |  |    |         |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | 38,776. |
| 15 | Property subject to section 168(f)(1) election   | 15 |         |
| 16 | Other depreciation (including ACRS)  | 16 |         |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |   |    |  |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2021  | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |  |

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

|                |   |  |         |    |     |  |
|----------------|---|--|---------|----|-----|--|
| 20a Class life |   |  |         |    | S/L |  |
| b 12-year      |   |  | 12 yrs. |    | S/L |  |
| c 30-year      | / |  | 30 yrs. | MM | S/L |  |
| d 40-year      | / |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |         |
|----|---|----|---------|
| 21 | Listed property. Enter amount from line 28  | 21 | 20,429. |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.<br>Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 59,205. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |         |

Form 4562 (2021)

**URGENTPOINT, INC.**

82-2594040 Page 2

**Part V****Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

| (a)<br>Type of property<br>(list vehicles first)  | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|---|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use |                                     |  |                               |  |                           |                              | <b>25</b>                        | 18,200.                               |
| <b>26</b> Property used more than 50% in a qualified business use:  |                                     |  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
| <b>SEE STATEMENT 14</b>   |                                     | %  |                               |  |                           |                              | 2,229.                           |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
| <b>27</b> Property used 50% or less in a qualified business use:  |                                     |  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   |                                     |  |                               |  |                           |                              | <b>28</b>                        | 20,429.                               |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1  |                                     |  |                               |  |                           |                              | <b>29</b>                        |                                       |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|  | (a)<br>Vehicle              | (b)<br>Vehicle | (c)<br>Vehicle | (d)<br>Vehicle | (e)<br>Vehicle | (f)<br>Vehicle |
|--|-----------------------------|----------------|----------------|----------------|----------------|----------------|
| <b>30</b> Total business/investment miles driven during the year (don't include commuting miles) |                             |                |                |                |                |                |
| <b>31</b> Total commuting miles driven during the year   |                             |                |                |                |                |                |
| <b>32</b> Total other personal (noncommuting) miles driven                                       |                             |                |                |                |                |                |
| <b>33</b> Total miles driven during the year.<br>Add lines 30 through 32                         | <b>SEE PART V STATEMENT</b> |                |                |                |                |                |
| <b>34</b> Was the vehicle available for personal use during off-duty hours?                      | Yes                         | No             | Yes            | No             | Yes            | No             |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?              |                             |                |                |                |                |                |
| <b>36</b> Is another vehicle available for personal use?   |                             |                |                |                |                |                |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|--|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| <b>42</b> Amortization of costs that begins during your 2021 tax year:               |                                    |                              |                        |   |                                      |
|  |                                    |                              |                        |   |                                      |
| <b>43</b> Amortization of costs that began before your 2021 tax year                 |                                    |                              |                        |   | 9,048.                               |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report |                                    |                              |                        |   | 9,048.                               |

**2021 DEPRECIATION AND AMORTIZATION REPORT**

## OTHER DEPRECIATION

## OTHER

| Asset No. | Description                            | Date Acquired | Method | Life | C<br>o<br>n<br>v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | AUTOMOBILES                            |               |        |      |                  |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 2         | 2015 FORD FIESTA                       | 06/29/19      | 200DB  | 5.00 | HY               | 21       | 10,605.                  |            |                     | 10,605.              |                        |                                    |                         | 0.                     |                                 |
| 3         | 2018 HONDA CIVIC                       | 01/08/20      | 200DB  | 5.00 | HY               | 21       | 20,132.                  |            |                     | 18,100.              | 2,032.                 |                                    |                         | 650.                   | 650.                            |
| 4         | 2017 HONDA HR-V                        | 01/08/20      | 200DB  | 5.00 | HY               | 21       | 19,846.                  |            |                     | 18,100.              | 1,746.                 |                                    |                         | 559.                   | 559.                            |
| 5         | 2016 HONDA CRV                         | 05/13/20      | 200DB  | 5.00 | HY               | 21       | 21,289.                  |            |                     | 18,100.              | 3,189.                 |                                    |                         | 1,020.                 | 1,020.                          |
| 6         | (D)2018 CHEVROLET CRUZE                | 08/14/20      | 200DB  | 5.00 | HY               | 21       | 10,988.                  |            |                     | 10,988.              |                        |                                    |                         | 0.                     |                                 |
| 12        | 2021 TOYOTA COROLLA HYBRID             | 04/03/21      | 200DB  | 5.00 | MC               | 21       | 23,809.                  |            |                     | 18,200.              | 5,609.                 |                                    |                         | 18,200.                |                                 |
|           | * OTHER TOTAL - AUTOMOBILES            |               |        |      |                  |          | 106,669.                 |            |                     | 94,093.              | 12,576.                | 0.                                 |                         | 20,429.                | 2,229.                          |
| 9         | GURNEYS, EXAM TABLES                   | 12/22/21      | 200DB  | 5.00 | MC               | 19B      | 19,072.                  |            |                     | 19,072.              |                        |                                    |                         | 19,072.                |                                 |
| 10        | PATIENT MONITORS                       | 12/22/21      | 200DB  | 5.00 | MC               | 19B      | 7,719.                   |            |                     | 7,719.               |                        |                                    |                         | 7,719.                 |                                 |
|           | * OTHER TOTAL - AUTOMOBILES            |               |        |      |                  |          | 26,791.                  |            |                     | 26,791.              | 0.                     | 0.                                 |                         | 26,791.                | 0.                              |
| 11        | FURNITURE & FIXTURES - CTRL COLLECTIVE | 08/26/21      | 200DB  | 7.00 | MC               | 19C      | 11,985.                  |            |                     | 11,985.              |                        |                                    |                         | 11,985.                |                                 |
|           | * OTHER TOTAL - AUTOMOBILES            |               |        |      |                  |          | 11,985.                  |            |                     | 11,985.              | 0.                     | 0.                                 |                         | 11,985.                | 0.                              |
|           | INTANGIBLES                            |               |        |      |                  |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 1         | START UP ORGANIZATIONAL COST           | 08/23/17      | 248    | 180M |                  | 43       | 135,719.                 |            |                     |                      | 135,719.               | 30,160.                            |                         | 9,048.                 | 39,208.                         |
|           | * OTHER TOTAL - INTANGIBLES            |               |        |      |                  |          | 135,719.                 |            |                     |                      | 135,719.               | 30,160.                            |                         | 9,048.                 | 39,208.                         |
|           | * GRAND TOTAL OTHER DEPR & AMORT       |               |        |      |                  |          | 281,164.                 |            |                     | 132,869.             | 148,295.               | 30,160.                            |                         | 68,253.                | 41,437.                         |

## 2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

[illegible]





Form 4797 (2021)

Page 2

**Part III** Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: |  | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| A   |  |                                      |                                  |
| B   |  |                                      |                                  |
| C   |  |                                      |                                  |
| D   |  |                                      |                                  |

| These columns relate to the properties on lines 19A through 19D. |  | Property A | Property B | Property C | Property D |
|--|--|------------|------------|------------|------------|
| 20   | Gross sales price (Note: See line 1a before completing.)   | 20         |            |            |            |
| 21   | Cost or other basis plus expense of sale   | 21         |            |            |            |
| 22   | Depreciation (or depletion) allowed or allowable   | 22         |            |            |            |
| 23   | Adjusted basis. Subtract line 22 from line 21  | 23         |            |            |            |
| 24   | Total gain. Subtract line 23 from line 20  | 24         |            |            |            |
| 25   | If section 1245 property:  |            |            |            |            |
| a  | Depreciation allowed or allowable from line 22   | 25a        |            |            |            |
| b  | Enter the smaller of line 24 or 25a  | 25b        |            |            |            |
| 26   | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.            |            |            |            |            |
| a  | Additional depreciation after 1975   | 26a        |            |            |            |
| b  | Applicable percentage multiplied by the smaller of line 24 or line 26a   | 26b        |            |            |            |
| c  | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e                           | 26c        |            |            |            |
| d  | Additional depreciation after 1969 and before 1976   | 26d        |            |            |            |
| e  | Enter the smaller of line 26c or 26d   | 26e        |            |            |            |
| f  | Section 291 amount (corporations only)   | 26f        |            |            |            |
| g  | Add lines 26b, 26e, and 26f  | 26g        |            |            |            |
| 27   | If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.                  |            |            |            |            |
| a  | Soil, water, and land clearing expenses  | 27a        |            |            |            |
| b  | Line 27a multiplied by applicable percentage   | 27b        |            |            |            |
| c  | Enter the smaller of line 24 or 27b  | 27c        |            |            |            |
| 28   | If section 1254 property:  |            |            |            |            |
| a  | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion | 28a        |            |            |            |
| b  | Enter the smaller of line 24 or 28a  | 28b        |            |            |            |
| 29   | If section 1255 property:  |            |            |            |            |
| a  | Applicable percentage of payments excluded from income under section 126   | 29a        |            |            |            |
| b  | Enter the smaller of line 24 or 29a  | 29b        |            |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |   |    |  |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24   | 30 |  |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13  | 31 |  |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 |  |

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

|    | (a) Section 179   | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years                    | 33                     |
| 34 | Recomputed depreciation. See instructions   | 34                     |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35                     |

URGENTPOINT, INC.82-2594040

| FORM 1120                  | INTEREST INCOME | STATEMENT 1 |
|----------------------------|-----------------|-------------|
| DESCRIPTION                | US              | OTHER       |
| INTEREST INCOME            |                 | 12,036.     |
| TOTAL TO FORM 1120, LINE 5 |                 | 12,036.     |

| FORM 1120                   | OTHER INCOME | STATEMENT 2 |
|-----------------------------|--------------|-------------|
| DESCRIPTION                 |              | AMOUNT      |
| REIMBURSEMENTS              |              | 245,993.    |
| TOTAL TO FORM 1120, LINE 10 |              | 245,993.    |

| FORM 1120                          | TAXES AND LICENSES | STATEMENT 3 |
|------------------------------------|--------------------|-------------|
| DESCRIPTION                        |                    | AMOUNT      |
| LICENSE AND PERMITS                |                    | 10,722.     |
| PAYROLL TAXES                      |                    | 217,477.    |
| CALIFORNIA TAXES - BASED ON INCOME |                    | 8,854.      |
| NEW JERSEY TAXES - OTHER           |                    | 750.        |
| TOTAL TO FORM 1120, LINE 17        |                    | 237,803.    |

URGENTPOINT, INC.

82-2594040

FORM 1120

OTHER DEDUCTIONS

STATEMENT 4

| DESCRIPTION                     | AMOUNT     |
|---------------------------------|------------|
| ACCOUNTING FEES                 | 176,221.   |
| AMORTIZATION                    | 9,048.     |
| BANK CHARGES                    | 4,031.     |
| BILLING SERVICES                | 384,342.   |
| BUSINESS PROMOTIONS             | 628.       |
| CLEANING SERVICES & SUPPLIES    | 855.       |
| COMPUTER HARDWARE               | 26,668.    |
| CONSULTING                      | 463,299.   |
| CONTINUING EDUCATION            | 2,308.     |
| DUES AND SUBSCRIPTIONS          | 81,968.    |
| GRAPHIC AND WEB DESIGN FEES     | 53,864.    |
| INSURANCE                       | 105,643.   |
| LEGAL FEES                      | 68,134.    |
| MARKETING                       | 17,323.    |
| MEALS                           | 1,942.     |
| MEALS NOT SUBJECT TO LIMITATION | 834.       |
| MERCHANT FEES                   | 7,051.     |
| MOVING EXPENSE                  | 5,060.     |
| OFFICE SUPPLIES                 | 17,058.    |
| PARKING EXPENSE                 | 30.        |
| PAYROLL FEES                    | 31,372.    |
| RECRUITING                      | 3,967.     |
| TELEPHONE & INTERNET            | 6,756.     |
| TRAVEL                          | 7,441.     |
| VEHICLE EXPENSE                 | 45,611.    |
| TOTAL TO FORM 1120, LINE 26     | 1,521,454. |

NET OPERATING LOSS DEDUCTION

STATEMENT 5

| TAX YEAR                | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/17                | 297,953.       | 236,850.                | 61,103.        | 61,103.             |
| 12/31/19                | 1,360.         |                         | 1,360.         | 1,360.              |
| NOL AVAILABLE THIS YEAR |                |                         | 62,463.        | 62,463.             |

URGENTPOINT, INC.

82-2594040

| SCHEDULE L                  | OTHER CURRENT ASSETS  | STATEMENT 6     |
|-----------------------------|-----------------------|-----------------|
| DESCRIPTION                 | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| BLUE DOOR PROMISSORY NOTE   | 9,586.                | 336.            |
| TOTAL TO SCHEDULE L, LINE 6 | 9,586.                | 336.            |

| SCHEDULE L                  | OTHER INVESTMENTS     | STATEMENT 7     |
|-----------------------------|-----------------------|-----------------|
| DESCRIPTION                 | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| INVESTMENT IN EHMA          | 323,018.              | 491,027.        |
| TOTAL TO SCHEDULE L, LINE 9 | 323,018.              | 491,027.        |

| SCHEDULE L                   | OTHER ASSETS          | STATEMENT 8     |
|------------------------------|-----------------------|-----------------|
| DESCRIPTION                  | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| DEPOSITS                     | 23,500.               | 32,610.         |
| TOTAL TO SCHEDULE L, LINE 14 | 23,500.               | 32,610.         |

| SCHEDULE L                   | OTHER CURRENT LIABILITIES | STATEMENT 9     |
|------------------------------|---------------------------|-----------------|
| DESCRIPTION                  | BEGINNING OF TAX YEAR     | END OF TAX YEAR |
| PPP LOAN                     | 109,045.                  |                 |
| TOTAL TO SCHEDULE L, LINE 18 | 109,045.                  |                 |

URGENTPOINT, INC.

82-2594040

| SCHEDULE L                              | OTHER LIABILITIES        | STATEMENT 10       |
|---|--------------------------|--------------------|
| DESCRIPTION                             | BEGINNING OF<br>TAX YEAR | END OF TAX<br>YEAR |
| AUTO LOAN PAYABLE                       | 56,645.                  | 48,646.            |
| PROMISSORY NOTE - SUPPORTING STRATEGIES | 30,310.                  | 11,462.            |
| TOTAL TO SCHEDULE L, LINE 21            | 86,955.                  | 60,108.            |

| SCHEDULE M-1                  | OTHER EXPENSES RECORDED ON BOOKS<br>NOT DEDUCTED IN THIS RETURN | STATEMENT 11 |
|-------------------------------|---|--------------|
| DESCRIPTION                   |   | AMOUNT       |
| EMPLOYEE PARKING              |   | 14,587.      |
| PERSONAL AUTO USE             |   | 1,410.       |
| TOTAL TO SCHEDULE M-1, LINE 5 |   | 15,997.      |

| SCHEDULE M-1                                | OTHER INCOME RECORDED ON BOOKS<br>NOT INCLUDED IN THIS RETURN | STATEMENT 12 |
|---|---|--------------|
| DESCRIPTION                                 |   | AMOUNT       |
| PAYCHECK PROTECTION PROGRAM FORGIVEN INCOME |   | 109,045.     |
| TOTAL TO SCHEDULE M-1, LINE 7               |   | 109,045.     |

URGENTPOINT, INC.

82-2594040

| FORM 2220                   |                      | COMPUTATION OF UNDERPAYMENT PENALTY |                           |                           |            |      |             | STATEMENT 13         |  |
|-----------------------------|----------------------|-------------------------------------|---------------------------|---------------------------|------------|------|-------------|----------------------|--|
| Q<br>T<br>R<br>-            | EVENT<br>AMOUNT TYPE | *                                   | REMAINING<br>UNDERPAYMENT | PERIOD OF<br>UNDERPAYMENT |            | DAYS | INT<br>RATE | AMOUNT OF<br>PENALTY |  |
| A                           | Q                    |                                     | 7,217.                    | 04/15/2021                | 03/31/2022 | 350  | 3%          | 208.                 |  |
|                             | R                    |                                     | 7,217.                    | 03/31/2022                | 04/15/2022 | 15   | 4%          | 12.                  |  |
| B                           | Q                    |                                     | 7,216.                    | 06/15/2021                | 03/31/2022 | 289  | 3%          | 171.                 |  |
|                             | R                    |                                     | 7,216.                    | 03/31/2022                | 04/15/2022 | 15   | 4%          | 12.                  |  |
| C                           | Q                    |                                     | 7,217.                    | 09/15/2021                | 03/31/2022 | 197  | 3%          | 117.                 |  |
|                             | R                    |                                     | 7,217.                    | 03/31/2022                | 04/15/2022 | 15   | 4%          | 12.                  |  |
| D                           | Q                    |                                     | 7,216.                    | 12/15/2021                | 03/31/2022 | 106  | 3%          | 63.                  |  |
|                             | R                    |                                     | 7,216.                    | 03/31/2022                | 04/15/2022 | 15   | 4%          | 12.                  |  |
| TOTAL TO FORM 2220, LINE 38 |                      |                                     |                           |                           |            |      |             | 607.                 |  |

EVENT TYPE: Q = AMOUNT UNDERPAID AT START OF QUARTER

P = PAYMENT

W = WITHHOLDING

R = INTEREST RATE CHANGE

L = SWITCH TO OR FROM A LEAP YEAR

URGENTPOINT, INC.

82-2594040

## FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 14

| (A)<br>DESCRIPTION                  | (B)<br>DATE           | (C)<br>BUS. %            | (D)<br>COST               | (E)<br>BASIS             | (F)<br>LIFE                       | (G)<br>MTH/CV                | (H)<br>DEDUCTION                         | (I) 179<br>ELECTED |
|-------------------------------------|-----------------------|--------------------------|---------------------------|--------------------------|-----------------------------------|------------------------------|--|--------------------|
| (J)<br>AUTO<br>NO                   | (K)<br>TOTAL<br>MILES | (L)<br>BUSINESS<br>MILES | (M)<br>COMMUTING<br>MILES | (N)<br>PERSONAL<br>MILES | (O)<br>WAS VEH.<br>AVAIL.?<br>Y N | (P)<br>> 5%<br>OWNER?<br>Y N | (Q)<br>ANOTHER VEH.<br>AVAILABLE?<br>Y N |                    |
| 2015 FORD<br>FIESTA                 | 06/29/19              | 100.00                   | 10,605.                   |                          | 5.00                              | 200DB-HY                     |  |                    |
| 2018 HONDA<br>CIVIC                 | 01/08/20              | 100.00                   | 20,132.                   | 2,032.                   | 5.00                              | 200DB-HY                     | 650.                                     |                    |
| 2017 HONDA<br>HR-V                  | 01/08/20              | 100.00                   | 19,846.                   | 1,746.                   | 5.00                              | 200DB-HY                     | 559.                                     |                    |
| 2016 HONDA<br>CRV                   | 05/13/20              | 100.00                   | 21,289.                   | 3,189.                   | 5.00                              | 200DB-HY                     | 1,020.                                   |                    |
| 2018<br>CHEVROLET<br>CRUZE          | 08/14/20              | 100.00                   | 10,988.                   |                          | 5.00                              | 200DB-HY                     |  |                    |
| 2021 TOYOTA<br>COROLLA<br>HYBRID    | 04/03/21              | 100.00                   | 23,809.                   | 5,609.                   | 5.00                              | 200DB-MQ                     |  |                    |
| TOTAL TO FORM 4562, PART V, LINE 26 |                       |                          |                           |                          |                                   |                              | 2,229.                                   |                    |



## 2021 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

### FOR THE YEAR ENDING

DECEMBER 31, 2021

---

**PREPARED FOR:**

URGENTPOINT, INC.  
2554 LINCOLN BLVD. #196  
VENICE, CA 90291

---

**PREPARED BY:**

WITHUMSMITH&BROWN PC  
16830 VENTURA BLVD., SUITE 501  
ENCINO, CA 91436

---

**TO BE SIGNED AND DATED BY:**

THE APPROPRIATE CORPORATE OFFICER(S).

---

**AMOUNT OF TAX:**

|                              |    |        |
|------------------------------|----|--------|
| TOTAL TAX                    | \$ | 19,762 |
| LESS: PAYMENTS AND CREDITS   | \$ | 20,000 |
| PLUS: OTHER AMOUNT           | \$ | 0      |
| PLUS: INTEREST AND PENALTIES | \$ | 385    |
| BALANCE DUE                  | \$ | 147    |

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

WHEN THE RETURN IS FILED THE AMOUNT DUE SHOULD BE ELECTRONICALLY TRANSFERRED.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR ACCURACY, PLEASE SIGN FORM 8453-C AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED. DO NOT MAIL A PAPER COPY OF THE RETURN.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8453-C TO US BY APRIL 18, 2022.

---

**SPECIAL INSTRUCTIONS:**

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE APRIL 18, 2022.

PAYMENT OF TAX MUST BE MADE ELECTRONICALLY VIA THE FRANCHISE TAX BOARD WEBSITE AT:

[WWW.FTB.CA.GOV/PAY](http://WWW.FTB.CA.GOV/PAY)

**2022 ESTIMATED TAX FILING INSTRUCTIONS**

CALIFORNIA FORM 100-ES

**FOR THE YEAR ENDING**

DECEMBER 31, 2022

**PREPARED FOR:**

URGENTPOINT, INC.  
2554 LINCOLN BLVD. #196  
VENICE, CA 90291

**PREPARED BY:**

WITHUMSMITH&BROWN PC  
16830 VENTURA BLVD., SUITE 501  
ENCINO, CA 91436

**AMOUNT OF TAX:**

|  |    |        |
|--|----|--------|
| TOTAL ESTIMATED TAX                          | \$ | 20,000 |
| LESS CREDIT FROM PRIOR YEAR                  | \$ | 0      |
| LESS AMOUNT ALREADY PAID ON 2022<br>ESTIMATE | \$ | 0      |
| BALANCE DUE                                  | \$ | 20,000 |

**PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:**

| VOUCHER | AMOUNT   | DUE DATE           |
|---------|----------|--------------------|
| NO. 1   | \$ 6,000 | APRIL 18, 2022     |
| NO. 2   | \$ 8,000 | JUNE 15, 2022      |
| NO. 3   | \$ 0     | SEPTEMBER 15, 2022 |
| NO. 4   | \$ 6,000 | DECEMBER 15, 2022  |

**MAIL CHECK PAYABLE TO:**

NOT APPLICABLE

**MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:**

PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE FRANCHISE  
TAX BOARD WEBSITE AT:  
[WWW.FTB.CA.GOV/PAY](http://WWW.FTB.CA.GOV/PAY)

**SPECIAL INSTRUCTIONS:**

**Form at bottom of page.**

**IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM**

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California corporation number, FEIN, or CA SOS file number and "2021 FTB 3539" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with the form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**

**Calendar year C corporations - File and Pay by April 18, 2022**  
**Calendar year S corporations - File and Pay by March 15, 2022**  
**Calendar year exempt organizations - File and Pay by May 16, 2022**  
**Employees' trust and IRA - File and Pay by April 18, 2022**  
**Fiscal year filers - See instructions**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:**

Make payments online using Web Pay for Businesses. Corporations or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE \_\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_\_\_\_ DETACH HERE \_\_\_\_\_  
**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**2021**

**Payment for Automatic Extension  
for Corporations and Exempt Organizations**

CALIFORNIA FORM

**3539 (CORP)**

4059668 URGE 82-2594040 000000000000 21 FORM 1  
TYB 01-01-2021 TYE 12-31-2021  
URGENTPOINT INC

2554 LINCOLN BLVD 196  
VENICE CA 90291

Amount of Payment 20000.

TAXABLE YEAR

2021

# Underpayment of Estimated Tax by Corporations

CALIFORNIA FORM

5806

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy)

and ending (mm/dd/yyyy)

Corporation name

California corporation number

URGENTPOINT INC

4059668

**Part I Figure the Underpayment**

|  |     |                          |              |                |                 |
|--|-----|--------------------------|--------------|----------------|-----------------|
| 1 Current year's tax. See instructions   |     |                          |              | 1              | 19,762.         |
|  | (a) | (b)                      | (c)          | (d)            |                 |
| 2 Installment due dates. See instructions  | 2   | 04/15/2021               | 06/15/2021   | 09/15/2021     | 12/15/2021      |
| 3 Percentage required. See instructions  | 3   | 30% (not less than min.) | 70% less 1st | 70% less prior | 100% less prior |
| 4 Amount due. See instructions   | 4   | 5,929                    | 7,904        |                | 5,929           |
| 5 a Amount paid or credited for each installment   | 5a  |                          |              |                |                 |
| b Overpayment from previous installment  | 5b  |                          |              |                |                 |
| 6 Add line 5a and line 5b  | 6   |                          |              |                |                 |
| 7 Underpayment (subtract line 6 from line 4). See instructions.<br>Overpayment (subtract line 4 from line 6).<br>If line 7 shows an underpayment for any installment, go to <b>Part IV, Exceptions Worksheets.</b> | 7   | 5,929                    | 7,904        |                | 5,929           |

**Part II Exceptions to the Penalty.** See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

|     | (check the applicable boxes)                      | Yes | No | Yes | No | Yes | No | Yes | No |
|-----|---|-----|----|-----|----|-----|----|-----|----|
| 8 a | Exception A - Regular Corporations, line 26, met? | 8a  |    | X   |    | X   |    |     | X  |
| b   | Exception A - Large Corporations, line 30, met?   | 8b  |    |     |    |     |    |     |    |
| 9   | Exception B (line 42) met?                        | 9   |    |     |    |     |    |     |    |
| 10  | Exception C (line 64) met?                        | 10  |    |     |    |     |    |     |    |

**Part III Figure the Penalty.** If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

|     |   |     |                 |            |  |            |
|-----|---|-----|-----------------|------------|--|------------|
| 11  | Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instr.  | 11  | 03/15/2022      | 03/15/2022 |  | 03/15/2022 |
| 12  | Number of days from date shown on line 2 to date shown on line 11   | 12  | 334             | 273        |  | 90         |
| 13  | Number of days on line 12 before 7/01/21, or the payment date, whichever is earlier   | 13  | 76              | 15         |  |            |
| 14  | Number of days on line 12 after 6/30/21 and before 1/01/22, or the payment date, whichever is earlier   | 14  | 184             | 184        |  | 16         |
| 15  | Number of days on line 12 after 12/31/21 and before 7/01/22, or the payment date, whichever is earlier. <b>Calendar yr corps.</b> , see instr.  | 15  | 74              | 74         |  | 74         |
| 16  | <b>For fiscal yr corps. only.</b> Number of days on line 12 after 6/30/22 and before 1/01/23. See instr.  | 16  |                 |            |  |            |
| 17  | <b>For fiscal year corps. only.</b> Number of days on line 12 after 12/31/22 and before 2/15/23   | 17  |                 |            |  |            |
| 18  | Number of days on line 13<br>Number of days in taxable year x 3% x line 7   | 18  | 37              | 10         |  |            |
| 19  | Number of days on line 14<br>Number of days in taxable year x 3% x line 7   | 19  | 90              | 120        |  | 8          |
| 20  | Number of days on line 15<br>Number of days in taxable year x 3% x line 7   | 20  | 36              | 48         |  | 36         |
| 21  | Number of days on line 16<br>Number of days in taxable year x % (see instr.) x line 7   | 21  |                 |            |  |            |
| 22  | Number of days on line 17<br>Number of days in taxable year x % (see instr.) x line 7   | 22  |                 |            |  |            |
| 22a | Add amounts for each column from line 18 through line 22  | 22a | 163             | 178        |  | 44         |
| 22b | <b>Total estimated penalty due.</b> Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 44a; or Form 109, line 27 | 22b | SEE STATEMENT 1 |            |  | 385        |

TAXABLE YEAR  
**2021****California Corporation  
Franchise or Income Tax Return**FORM  
**100**

4059668 URGE 82-2594040 000000000000 21  
 TYB 01-01-2021 TYE 12-31-2021  
 URGENTPOINT INC

2554 LINCOLN BLVD 196  
 VENICE CA 90291

**Schedule Q Questions** (continued on Side 2)

- A FINAL RETURN?** • ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election  
 Enter date (mm/dd/yyyy) • \_\_\_\_\_
- B 1.** Is income included in a combined report of a unitary group? ..... • ☐ Yes ☒ No  
 If "Yes," indicate: ☐ Wholly within CA (R&TC 25101.15)  
☐ Within and outside of CA
- 2.** Is there a change in the members listed in Schedule R-7 from the prior year? ..... • ☐ Yes ☐ No
- 3.** Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax ..... • \_\_\_\_\_
- 4.** Is form FTB 3544 attached to the return? ..... • ☐ Yes ☒ No
- C 1.** During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ..... • ☐ Yes ☒ No
- 2.** During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ..... • ☐ Yes ☒ No
- 3.** During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? ..... • ☐ Yes ☒ No
- (Yes requires filing of statement, penalties may apply - see instructions.)

|                   |  |     |         |    |
|-------------------|--|-----|---------|----|
| State Adjustments | 1 Net income (loss) before state adjustments. See instructions .....   | • 1 | 199,919 | 00 |
|                   | 2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A .....               | • 2 |         | 00 |
|                   | 3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A .....              | • 3 | 8,854   | 00 |
|                   | 4 Interest on government obligations .....   | • 4 |         | 00 |
|                   | 5 Net California capital gain from Side 6, Schedule D, line 11 .....   | • 5 |         | 00 |
|                   | 6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885 ..... | • 6 | 37,740  | 00 |
|                   | 7 Net income from corporations not included in federal consolidated return. See instructions .....           | • 7 |         | 00 |
|                   | 8 Other additions. Attach schedule(s) ..... <b>SEE STATEMENT 2</b>   | • 8 | 417     | 00 |
|                   | 9 Total. Add line 1 through line 8 .....   | • 9 | 246,930 | 00 |

|                           |  |  |      |         |         |                  |  |
|---------------------------|--|--|------|---------|---------|------------------|--|
| State Adjustments (con't) | 10   | Intercompany dividend elimination. Attach Schedule H (100)   | •    | 10      |         | 00               |  |
|                           | 11   | Dividends received deduction. Attach Schedule H (100)  | •    | 11      |         | 00               |  |
|                           | 12   | Additional depreciation allowed under CA law. Attach form FTB 3885   | •    | 12      | 0       | 00               |  |
|                           | 13   | Capital gain from federal Form 1120, line 8  | •    | 13      |         | 00               |  |
|                           | 14   | Charitable Contributions   | •    | 14      |         | 00               |  |
|                           | 15   | Other deductions. Attach schedule(s) <b>SEE STATEMENT 3</b>  | •    | 15      | 23,377  | 00               |  |
|                           | 16   | Total. Add line 10 through line 15   | •    | 16      | 23,377  | 00               |  |
| CA Net Income             | 17   | Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9  | •    | 17      | 223,553 | 00               |  |
|                           | 18   | Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions   | •    | 18      | 223,553 | 00               |  |
|                           | 19   | Net operating loss (NOL) deduction. See instructions   | •    | 19      |         | 00               |  |
|                           | 20   | EZ, TTA, or LAMBRA NOL carryover deduction. See instructions   | •    | 20      |         | 00               |  |
|                           | 21   | Disaster loss deduction. See instructions  | •    | 21      |         | 00               |  |
| 22                        | Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18                    | •  | 22   | 223,553 | 00      |                  |  |
| Taxes                     | 23   | Tax. <u>8.8400</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions   | •    | 23      | 19,762  | 00               |  |
|                           | 24   | Credit name _____ code • _____ amount ▶  | •    | 24      |         | 00               |  |
|                           | 25   | Credit name _____ code • _____ amount ▶  | •    | 25      |         | 00               |  |
|                           | 26   | To claim more than two credits, see instructions   | •    | 26      |         | 00               |  |
|                           | 27   | Add line 24 through line 26  | •    | 27      |         | 00               |  |
|                           | 28   | <b>Balance.</b> Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)  | •    | 28      | 19,762  | 00               |  |
|                           | 29   | Alternative minimum tax. Attach Schedule P (100). See instructions   | •    | 29      |         | 00               |  |
| 30                        | <b>Total tax.</b> Add line 28 and line 29  | •  | 30   | 19,762  | 00      |                  |  |
| Payments                  | 31   | Overpayment from prior year allowed as a credit  | •    | 31      |         | 00               |  |
|                           | 32   | <b>2021 Estimated tax payments.</b> See instructions   | •    | 32      |         | 00               |  |
|                           | 33   | 2021 Withholding (Form 592-B and/or 593). See instructions   | •    | 33      |         | 00               |  |
|                           | 34   | Amount paid with extension of time to file tax return  | •    | 34      | 20,000  | 00               |  |
|                           | 35   | Total payments. Add line 31 through line 34  | •    | 35      | 20,000  | 00               |  |
| Refund or Amount Due      | 36   | <b>Use tax. This is not a total line.</b> See instructions   | •    | 36      |         | 00               |  |
|                           | 37   | Payments balance. If line 35 is more than line 36, subtract line 36 from line 35   | •    | 37      | 20,000  | 00               |  |
|                           | 38   | <b>Use tax balance.</b> If line 36 is more than line 35, subtract line 35 from line 36   | •    | 38      |         | 00               |  |
|                           | 39   | <b>Franchise or income tax due.</b> If line 30 is more than line 37, subtract line 37 from line 30   | •    | 39      |         | 00               |  |
|                           | 40   | <b>Overpayment.</b> If line 37 is more than line 30, subtract line 30 from line 37   | •    | 40      | 238     | 00               |  |
|                           | 41   | Amount of line 40 to be credited to 2022 estimated tax   | •    | 41      |         | 00               |  |
|                           | 42   | <b>Refund.</b> Subtract line 41 from line 40<br>See instructions to have the refund directly deposited.<br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings | •    | 42      |         | 00               |  |
|                           | 42a.   | • Routing number   | 42b. | • Type  | 42c.    | • Account number |  |
|                           | 43 a   | Penalties and interest   | •    | 43a     | 385     | 00               |  |
|                           | b  | • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.   |      |         |         |                  |  |
| 44                        | <b>Total amount due.</b> Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result | •  | 44   | 147     | 00      |                  |  |

**Schedule Q Questions** (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • \_\_\_\_\_
- E Was the corporation's income included in a consolidated federal return? • ☐ Yes ☒ No
- F Principal business activity code. (Do not leave blank): • 561110  
 Business activity ADMINISTRATIVE MGMT  
 Product or service ADMINISTRATIVE MGMT

Schedule Q Questions (continued on Side 3)

**G** Date incorporated (mm/dd/yyyy): 08/23/2017 Where: • State CA Country UNITED STATES

**H** Date business began in California or date income was first derived from California sources ..... (mm/dd/yyyy) • 08/23/2017

**I** First return? ..... • ☐ Yes ☒ No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.

• (1) ☐ Sole proprietorship (2) ☐ Partnership (3) ☐ Joint venture (4) ☐ Corporation (5) ☐ Other  
(Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

**J** "Doing business as" name. See instructions: ..... • \_\_\_\_\_

**K** At any time during the taxable year, was more than 50% of the voting stock:

1. Of the corporation owned by any single interest? ..... **STATEMENT 4** • ☒ Yes ☐ No

2. Of another corporation owned by this corporation? ..... • ☐ Yes ☒ No

3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? **STATEMENT 5** • ☒ Yes ☐ No

If 1 or 3 is "Yes," enter the country of the ultimate parent ..... • **UNITED STATES**

If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.

If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131 EN-SP, for more information.

**L** Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) ..... • ☐ Yes ☒ No

If "Yes," complete and attach federal Form 8886 for each transaction.

**M** Is this corporation apportioning or allocating income to California using Schedule R? ..... • ☒ Yes ☐ No

**N** How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? • \_\_\_\_\_

**O** Corporation headquarters are: ..... • (1) ☒ Within California (2) ☐ Outside of California, within the U.S. (3) ☐ Outside of the U.S.

**P** Location of principal accounting records: 2554 LINCOLN BLVD. #196, VENICE, CA 90291

**Q** Accounting method: ..... • (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

**R** Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? ..... • ☐ Yes ☒ No

If "Yes," enter the total balance of all DISAs ..... • \$ \_\_\_\_\_

**S** Is this corporation or any of its subsidiaries a RIC? ..... • ☐ Yes ☒ No

**T** Is this corporation treated as a REMIC for California purposes? ..... • ☐ Yes ☒ No

**U** 1. Is this corporation a REIT for California purposes? ..... • ☐ Yes ☒ No

2. If question U1 is "Yes," does the entity own any qualified REIT subsidiaries that are incorporated or qualified with the California Secretary of State? If yes, see instructions ..... • ☐ Yes ☒ No

**V** Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? ..... • ☐ Yes ☒ No

If "Yes," enter the effective date of the election (mm/dd/yyyy) ..... • \_\_\_\_\_

**W** Is this corporation to be treated as a credit union? ..... • ☐ Yes ☒ No

**X** Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? ..... • ☐ Yes ☒ No

**Y** Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? ☐ N/A ☒ Yes ☐ No

**Z** Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? ☐ Yes ☒ No

**AA** Did the corporation file the federal Schedule UTP (Form 1120)? ..... • ☐ Yes ☒ No

**BB** Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? ..... • ☐ Yes ☒ No

**CC** 1. Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ..... • ☐ Yes ☒ No

2. If "Yes," when was the last report filed? (mm/dd/yyyy) • \_\_\_\_\_ 3. Amount last remitted ■ \$ \_\_\_\_\_

|   |  |   |   |                                    |
|---|--|---|---|------------------------------------|
| <b>Sign Here</b>  | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |   |   | • Telephone<br>(323) 484-4343      |
|   | Signature of officer   | Title<br><b>PRESIDENT</b>   | Date  |                                    |
| <b>Paid Preparer's Use Only</b>   | Officer's email address (optional) <b>JEFF@URGENTPOINT.COM</b>   |   |   |                                    |
|   | Preparer's signature   | Date  | Check if self-employed <input type="checkbox"/> | • PTIN<br><b>P00885604</b>         |
|   | Firm's name (or yours, if self-employed) and address   | <b>WITHUMSMITH&amp;BROWN PC<br/>16830 VENTURA BLVD., SUITE 501<br/>ENCINO, CA 91436</b> |   | • Firm's FEIN<br><b>22-2027092</b> |
|   |  |   |   | • Telephone<br>(818) 789-1179      |
| May the FTB discuss this return with the preparer shown above? See instructions ..... • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |   |                                    |



**Schedule A Taxes Deducted.** Use additional sheet(s) if necessary.

| (a)<br>Nature of tax   | (b)<br>Taxing authority | (c)<br>Total amount | (d)<br>Nondeductible amount |
|--|-------------------------|---------------------|-----------------------------|
| SEE STATEMENT 6  |                         |                     | 00                          |
|  |                         |                     | 00                          |
| <b>Total.</b> Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3.<br>If the corporation uses California computation method to compute the net income, see instructions. |                         | 237,803             | 8,854 00                    |

**Schedule F Computation of Net Income.** See instructions.

|  |  |                  |            |           |           |        |           |
|--|--|------------------|------------|-----------|-----------|--------|-----------|
| <b>Income</b>  | 1 a) Gross receipts or gross sales   | 4,897,406        |            |           |           |        |           |
|  | b) Less returns and allowance  |                  | c) Balance | 1c        | 4,897,406 | 00     |           |
|  | 2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)               |                  |            | 2         |           | 00     |           |
|  | 3 Gross profit. Subtract line 2 from line 1c   |                  |            | 3         | 4,897,406 | 00     |           |
|  | 4 Total dividends. Attach federal Schedule C (California Schedule H (100))             |                  |            | 4         |           | 00     |           |
|  | 5 a) Interest on obligations of the United States and U.S. instrumentalities           |                  |            | 5a        |           | 00     |           |
|  | b) Other interest. Attach schedule   | SEE STATEMENT 8  |            | 5b        | 12,036    | 00     |           |
|  | 6 Gross rents  |                  |            | 6         |           | 00     |           |
|  | 7 Gross royalties  |                  |            | 7         |           | 00     |           |
|  | 8 Capital gain net income. Attach federal Schedule D (California Schedule D)           |                  |            | 8         |           | 00     |           |
|  | 9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)             |                  |            | 9         | 500       | 00     |           |
| 10 Other income (loss). Attach schedule  | SEE STATEMENT 9  |                  | 10         | 245,993   | 00        |        |           |
| 11 <b>Total income.</b> Add line 3 through line 10   |  |                  | 11         | 5,155,935 | 00        |        |           |
| <b>Deductions</b>  | 12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule         |                  | 12         | 649,415   | 00        | STMT 7 |           |
|  | 13 Salaries and wages (not deducted elsewhere)   |                  | 13         | 1,991,603 | 00        |        |           |
|  | 14 Repairs and maintenance   |                  | 14         | 900       | 00        |        |           |
|  | 15 Bad debts   |                  | 15         |           | 00        |        |           |
|  | 16 Rents   |                  | 16         | 341,453   | 00        |        |           |
|  | 17 Taxes (California Schedule A). See instructions                                     |                  | 17         | 237,803   | 00        |        |           |
|  | 18 Interest. Attach schedule   |                  | 18         |           | 00        |        |           |
|  | 19 Charitable Contributions. Attach schedule   |                  | 19         |           | 00        |        |           |
|  | 20 Depreciation. Attach fed Form 4562 & FTB 3885                                       | 20               | 59,205     | 00        |           |        |           |
|  | 21 Less depreciation claimed elsewhere on return                                       | 21a              |            | 00        | 21b       |        | 59,205 00 |
|  | 22 Depletion. Attach schedule  |                  | 22         |           | 00        |        |           |
|  | 23 Advertising   |                  | 23         | 6,882     | 00        |        |           |
|  | 24 Pension, profit-sharing plans, etc.   |                  | 24         |           | 00        |        |           |
|  | 25 Employee benefit plans  |                  | 25         | 147,301   | 00        |        |           |
|  | 26 a) Total travel and entertainment   | 11,325           |            |           |           |        |           |
|  | b) Deductible amounts  |                  | 26b        | 9,383     | 00        |        |           |
|  | 27 Other deductions. Attach schedule   | SEE STATEMENT 10 | 27         | 1,512,071 | 00        |        |           |
|  | 28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr |                  | 28         |           | 00        |        |           |
|  | 29 <b>Total deductions.</b> Add line 12 through line 28                                |                  | 29         | 4,956,016 | 00        |        |           |
| 30 <b>Net income before state adjustments.</b> Subtract line 29 from line 11. Enter here and on Side 1, line 1 |  | 30               | 199,919    | 00        |           |        |           |

**Schedule J Add-On Taxes and Recapture of Tax Credits.** See instructions.

|   |    |  |    |
|---|----|--|----|
| 1 LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$   | 1  |  | 00 |
| 2 Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)   | 2  |  | 00 |
| 3 Interest on tax attributable to installment: a Sales of certain timeshares and residential lots   | 3a |  | 00 |
| b Method for nondealer installment obligations  | 3b |  | 00 |
| 4 IRC Section 197(f)(9)(B)(ii) election   | 4  |  | 00 |
| 5 Credit recapture name:  | 5  |  | 00 |
| 6 Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40 | 6  |  | 00 |

**Schedule V Cost of Goods Sold**

|   |   |                                  |    |  |    |
|---|---|----------------------------------|----|--|----|
| 1 | Inventory at beginning of year  | <input checked="" type="radio"/> | 1  |  | 00 |
| 2 | Purchases   | <input checked="" type="radio"/> | 2  |  | 00 |
| 3 | Cost of labor   | <input type="radio"/>            | 3  |  | 00 |
| 4 | a Additional IRC Section 263A costs. Attach schedule  | <input type="radio"/>            | 4a |  | 00 |
|   | b Other costs. Attach schedule  | <input type="radio"/>            | 4b |  | 00 |
| 5 | Total. Add line 1 through line 4b   |                                  | 5  |  | 00 |
| 6 | Inventory at end of year  | <input checked="" type="radio"/> | 6  |  | 00 |
| 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2 |                                  | 7  |  | 00 |

Method of inventory valuation ☒Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. ☐ Yes ☐ NoEnter California seller's permit number, if any ☒Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☐ No**The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.****Schedule L Balance Sheet**

|  | Beginning of taxable year        |                       | End of taxable year              |                       |
|--|----------------------------------|-----------------------|----------------------------------|-----------------------|
|  | (a)                              | (b)                   | (c)                              | (d)                   |
| <b>Assets</b>  |                                  |                       |                                  |                       |
| 1 Cash   | <input checked="" type="radio"/> | 30,228                | <input type="radio"/>            | 6,145                 |
| 2 a Trade notes and accounts receivable                |                                  | <input type="radio"/> |                                  |                       |
| b Less allowance for bad debts                         | ( )                              | <input type="radio"/> | ( )                              | <input type="radio"/> |
| 3 Inventories  | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 4 Federal and state government obligations             | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 5 Other current assets. Attach sch(s) STMT 11          |                                  | 9,586                 |                                  | 336                   |
| 6 Loans to stockholders/officers. Att sch              | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 7 Mortgage and real estate loans                       | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 8 Other investments. Attach sch(s) STMT 12             | <input type="radio"/>            | 323,018               | <input type="radio"/>            | 491,027               |
| 9 a Buildings and other fixed depreciable assets       | 82,861                           | <input type="radio"/> | 134,457                          | <input type="radio"/> |
| b Less accumulated depreciation                        | ( 75,893)                        | <input type="radio"/> | ( 124,113)                       | <input type="radio"/> |
| 10 a Depletable assets                                 |                                  |                       |                                  |                       |
| b Less accumulated depletion                           | ( )                              | <input type="radio"/> | ( )                              | <input type="radio"/> |
| 11 Land (net of any amortization)                      | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 12 a Intangible assets (amortizable only)              | <input checked="" type="radio"/> | 135,719               | <input type="radio"/>            | 135,719               |
| b Less accumulated amortization                        | <input checked="" type="radio"/> | ( 27,144)             | <input checked="" type="radio"/> | ( 36,192)             |
| 13 Other assets. Attach sch(s) STMT 13                 | <input type="radio"/>            | 23,500                | <input type="radio"/>            | 32,610                |
| 14 Total assets  | <input type="radio"/>            | 501,875               | <input type="radio"/>            | 639,989               |
| <b>Liabilities and Stockholders' Equity</b>            |                                  |                       |                                  |                       |
| 15 Accounts payable                                    | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 16 Mortgages, notes, bonds payable in less than 1 year | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 17 Other current liabilities. Att. sch(s) STMT 14      | <input type="radio"/>            | 109,045               | <input type="radio"/>            |                       |
| 18 Loans from stockholders. Att. sch(s)                | <input type="radio"/>            | 385,403               | <input type="radio"/>            | 368,384               |
| 19 Mortgages, notes, bonds payable in 1 year or more   | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 20 Other liabilities. Attach sch(s) STMT 15            | <input type="radio"/>            | 86,955                | <input type="radio"/>            | 60,108                |
| 21 Capital stock: a Preferred stock                    | <input checked="" type="radio"/> |                       | <input type="radio"/>            |                       |
| b Common stock   | <input checked="" type="radio"/> |                       | <input type="radio"/>            |                       |
| 22 Paid-in or capital surplus. Attach reconciliation   | <input type="radio"/>            |                       | <input type="radio"/>            |                       |
| 23 Retained earnings - Appropriated. Att. sch.         |                                  |                       |                                  |                       |
| 24 Retained earnings - Unappropriated                  |                                  | -79,528               |                                  | 211,497               |
| 25 Adjustments to shareholders' equity. Att. sch.      |                                  |                       |                                  |                       |
| 26 Less cost of treasury stock                         |                                  | ( )                   |                                  | ( )                   |
| 27 Total liabilities and stockholders' equity          |                                  | 501,875               |                                  | 639,989               |

**Schedule M-1****Reconciliation of Income (Loss) per Books With Income (Loss) per Return.**

If the corporation completed federal Sch M-3 (Form 1120/1120F), see instructions.

|  |         |   |         |
|--|---------|---|---------|
| 1 Net income per books   | 291,025 | 7 Income recorded on books this year not included in this return (itemize)      |         |
| 2 Federal income tax   |         | a Tax-exempt interest \$  |         |
| 3 Excess of capital losses over capital gains                                |         | b Other \$ 109,045  | STMT 17 |
| 4 Taxable income not recorded on books this year (itemize)                   |         | c Total. Add line 7a and line 7b  | 109,045 |
| 5 Expenses recorded on books this year not deducted in this return (itemize) |         | 8 Deductions in this return not charged against book income this year (itemize) |         |
| a Depreciation \$  |         | a Depreciation \$   |         |
| b State taxes \$   |         | b State tax refunds \$  |         |
| c Travel and entertainment \$ 1,942  |         | c Other \$  |         |
| d Other \$ 15,997  | STMT 16 | d Total. Add line 8a through line 8c  |         |
| e Total. Add line 5a through line 5d   | 17,939  | 9 Total. Add line 7c and line 8d  | 109,045 |
| 6 Total. Add line 1 through line 5e  | 308,964 | 10 Net income per return. Subtract line 9 from line 6                           | 199,919 |

**Schedule M-2****Analysis of Unappropriated Retained Earnings per Books** (Side 5, Schedule L, line 24)

|                                    |         |   |         |
|------------------------------------|---------|---|---------|
| 1 Balance at beginning of year     | -79,528 | 5 Distributions: a Cash                               |         |
| 2 Net income per books             | 291,025 | b Stock   |         |
| 3 Other increases (itemize)        |         | c Property  |         |
| 4 Total. Add line 1 through line 3 | 211,497 | 6 Other decreases (itemize)                           |         |
|                                    |         | 7 Total. Add line 5 and line 6                        |         |
|                                    |         | 8 Balance at end of year. Subtract line 7 from line 4 | 211,497 |

**Schedule D****California Capital Gains and Losses****Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less.** Use additional sheet(s) if necessary.

| (a)<br>Kind of property and description<br>(Example, 100 shares of Z Co.)                | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Date sold<br>(mm/dd/yyyy) | (d)<br>Gross sales price | (e)<br>Cost or other basis<br>plus expense of sale | (f)<br>Gain (loss)<br>(d) less (e) |
|--|--------------------------------------|----------------------------------|--------------------------|--|------------------------------------|
| 1  |                                      |                                  |                          |  | 00                                 |
| 2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37 |                                      |                                  |                          | 2  | 00                                 |
| 3 Unused capital loss carryover from 2020  |                                      |                                  |                          | 3  | 00                                 |
| 4 Net short-term capital gain (loss). Combine line 1 through line 3                      |                                      |                                  |                          | 4  | 00                                 |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year.** Use additional sheet(s) if necessary.

|   |  |  |  |    |    |
|---|--|--|--|----|----|
| 5   |  |  |  |    | 00 |
| 6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions  |  |  |  | 6  | 00 |
| 7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37                                   |  |  |  | 7  | 00 |
| 8 Net long-term capital gain (loss). Combine line 5 through line 7  |  |  |  | 8  | 00 |
| 9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)                           |  |  |  | 9  | 00 |
| 10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)        |  |  |  | 10 | 00 |
| 11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2022 |  |  |  | 11 | 00 |

TAXABLE YEAR

**Sales of Business Property**139241 12-23-21  
CALIFORNIA SCHEDULE**2021**

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

**D-1****Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.**

Name(s) as shown on tax return

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

**URGENTPOINT INC****82-2594040****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year.** Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

|  |                                 |  |
|--|---------------------------------|--|
| <b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 on federal Form 1099-B or federal Form 1099-S (or a substitute statement), that you are including on line 2 or line 10, column (d), or line 23 ..... | <input type="radio"/> <b>1a</b> |  |
| <b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instructions .....  | <input type="radio"/> <b>1b</b> |  |
| <b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instructions .....   | <input type="radio"/> <b>1c</b> |  |

| 2                     | (a)<br>Description of<br>property | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Date sold<br>(mm/dd/yyyy) | (d)<br>Gross sales<br>price | (e) Depreciation<br>allowed or<br>allowable<br>since acquisition | (f)<br>Cost or other basis,<br>plus improvements and<br>expense of sale | (g)<br>Gain or (Loss)<br>Subtract (f) from<br>the sum of (d) and (e) |
|-----------------------|-----------------------------------|--------------------------------------|----------------------------------|-----------------------------|--|---|--|
| <input type="radio"/> |                                   | <input type="radio"/>                | <input type="radio"/>            | <input type="radio"/>       | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |
| <input type="radio"/> |                                   | <input type="radio"/>                | <input type="radio"/>            | <input type="radio"/>       | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |
| <input type="radio"/> |                                   | <input type="radio"/>                | <input type="radio"/>            | <input type="radio"/>       | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |

|   |                                |  |
|---|--------------------------------|--|
| <b>3</b> Gain, if any, from federal Form 4684, line 39 .....  | <input type="radio"/> <b>3</b> |  |
| <b>4</b> IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37 .....                                 | <input type="radio"/> <b>4</b> |  |
| <b>5</b> IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) ..... | <input type="radio"/> <b>5</b> |  |
| <b>6</b> Gain, if any, from line 35, from other than casualty and theft .....   | <input type="radio"/> <b>6</b> |  |
| <b>7</b> Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: .....                     | <input type="radio"/> <b>7</b> |  |

**IRC Section 179 Assets:** For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instr. **Partnerships or LLCs (classified as partnerships):** Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Forms 540 and 540NR filers,** enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

|   |                                |          |
|---|--------------------------------|----------|
| <b>8</b> Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions ..... | <input type="radio"/> <b>8</b> |          |
| <b>9</b> Subtract line 8 from line 7. If zero or less, enter -0- .....  | <input type="radio"/> <b>9</b> | <b>0</b> |

**S corporations:** If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Forms 540 and 540NR filers,** enter as a capital gain on Schedule D (540 or 540NR), line 1; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

**Part II Section A - Ordinary Gains and Losses**

|   |                       |
|---|-----------------------|
| <b>10</b> Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less): |                       |
| <input type="radio"/>   | <input type="radio"/> |
| <input type="radio"/>   | <input type="radio"/> |
| <input checked="" type="radio"/> <b>STATEMENT</b>   | <b>18</b>             |
|   | <b>500</b>            |
|   | <b>2,198</b>          |
|   | <b>10,988</b>         |
|   | <b>-8,290</b>         |

|  |                                 |               |
|--|---------------------------------|---------------|
| <b>11</b> Loss, if any, from line 7 .....  | <input type="radio"/> <b>11</b> | ( )           |
| <b>12</b> Gain, if any, from line 7, or amount from line 8, if applicable. See instructions .....                            | <input type="radio"/> <b>12</b> |               |
| <b>13</b> Gain, if any, from line 34 .....   | <input type="radio"/> <b>13</b> |               |
| <b>14</b> Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts) .....         | <input type="radio"/> <b>14</b> |               |
| <b>15</b> Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions .....               | <input type="radio"/> <b>15</b> |               |
| <b>16</b> Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) ..... | <input type="radio"/> <b>16</b> |               |
| <b>17</b> Combine line 10 through line 16 .....  | <input type="radio"/> <b>17</b> | <b>-8,290</b> |

|   |                                  |
|---|----------------------------------|
| <b>18</b> For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below; see instructions. |                                  |
| <b>a</b> If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions .....  | <input type="radio"/> <b>18a</b> |
| <b>b</b> Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20 .....  | <input type="radio"/> <b>18b</b> |

**Part II Section B - Adjusting California Ordinary Gain or Loss** For individual tax returns (Forms 540 and 540NR) only.

|    |  |                           |  |
|----|--|---------------------------|--|
| 19 | Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040), line 4  | <input type="radio"/> 19  |  |
| 20 | Enter ordinary California gain or (loss) from line 18b   | <input type="radio"/> 20  |  |
| 21 | Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.   |                           |  |
| a  | If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. B | <input type="radio"/> 21a |  |
| b  | If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. C | <input type="radio"/> 21b |  |

**Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255**

| Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property. |   | Date acquired<br>(mm/dd/yyyy) | Date sold<br>(mm/dd/yyyy) |
|--|---|-------------------------------|---------------------------|
| 22   | <b>A</b> <input type="radio"/>  | <input type="radio"/>         | <input type="radio"/>     |
|  | <b>B</b> <input type="radio"/>  | <input type="radio"/>         | <input type="radio"/>     |
|  | <b>C</b> <input type="radio"/>  | <input type="radio"/>         | <input type="radio"/>     |
|  | <b>D</b> <input type="radio"/>  | <input type="radio"/>         | <input type="radio"/>     |
| Relate the properties on lines 22A through 22D to these columns        |   | <b>Property A</b>             | <b>Property B</b>         |
| 23   | Gross sales price   | <input type="radio"/> 23      | <input type="radio"/>     |
| 24   | Cost or other basis plus expense of sale  | <input type="radio"/> 24      | <input type="radio"/>     |
| 25   | Depreciation (or depletion) allowed or allowable  | <input type="radio"/> 25      | <input type="radio"/>     |
| 26   | Adjusted basis. Subtract line 25 from line 24   | <input type="radio"/> 26      | <input type="radio"/>     |
| 27   | Total gain. Subtract line 26 from line 23   | <input type="radio"/> 27      | <input type="radio"/>     |
| 28   | <b>If IRC Section 1245 property:</b>  |                               |                           |
| a  | Depreciation allowed or allowable from line 25  | <input type="radio"/> 28a     | <input type="radio"/>     |
| b  | Enter the <b>smaller</b> of line 27 or line 28a   | <input type="radio"/> 28b     | <input type="radio"/>     |
| 29   | <b>If IRC Section 1250 property:</b> If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291: |                               |                           |
| a  | Additional depreciation after 12/31/76  | <input type="radio"/> 29a     | <input type="radio"/>     |
| b  | Applicable percentage multiplied by the <b>smaller</b> of line 27 or line 29a   | <input type="radio"/> 29b     | <input type="radio"/>     |
| c  | Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e  | <input type="radio"/> 29c     | <input type="radio"/>     |
| d  | Additional depreciation after 12/31/70 and before 1/1/77  | <input type="radio"/> 29d     | <input type="radio"/>     |
| e  | Enter the <b>smaller</b> of line 29c or line 29d  | <input type="radio"/> 29e     | <input type="radio"/>     |
| f  | IRC Section 291 amount (for corporations only)  | <input type="radio"/> 29f     | <input type="radio"/>     |
| g  | Add line 29b, line 29e, and line 29f  | <input type="radio"/> 29g     | <input type="radio"/>     |
| 30   | <b>If IRC Section 1252 property:</b> Skip section if you did not dispose of farm land or if form is being completed for a partnership.                |                               |                           |
| a  | Soil, water, and land clearing expenses   | <input type="radio"/> 30a     | <input type="radio"/>     |
| b  | Applicable percentage multiplied by line 30a  | <input type="radio"/> 30b     | <input type="radio"/>     |
| c  | Enter the <b>smaller</b> of line 27 or line 30b   | <input type="radio"/> 30c     | <input type="radio"/>     |
| 31   | <b>If IRC Section 1254 property:</b>  |                               |                           |
| a  | Intangible drilling and development costs deducted after 12/31/76   | <input type="radio"/> 31a     | <input type="radio"/>     |
| b  | Enter the <b>smaller</b> of line 27 or line 31a   | <input type="radio"/> 31b     | <input type="radio"/>     |
| 32   | <b>If IRC Section 1255 property:</b>  |                               |                           |
| a  | Applicable percentage of payments excluded from income under IRC Section 126  | <input type="radio"/> 32a     | <input type="radio"/>     |
| b  | Enter the <b>smaller</b> of line 27 or line 32a   | <input type="radio"/> 32b     | <input type="radio"/>     |

**Summary of Part III Gains.** Complete property column A through column D for line 23 through line 32b before going to line 33.

|    |  |                          |  |
|----|--|--------------------------|--|
| 33 | Total gains for all properties. Add column A through column D of line 27   | <input type="radio"/> 33 |  |
| 34 | Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13  | <input type="radio"/> 34 |  |
| 35 | Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6.<br>Enter the portion from casualty and theft on federal Form 4684, line 33 | <input type="radio"/> 35 |  |

**Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**

|    | (a) Expense deductions  | (b) Recovery deductions  |
|----|---|--------------------------|
| 36 | Expense deductions or recovery deductions. See instructions       | <input type="radio"/> 36 |
| 37 | Depreciation or recovery deductions. See instructions             | <input type="radio"/> 37 |
| 38 | Recapture amount. Subtract line 37 from line 36. See instructions | <input type="radio"/> 38 |

TAXABLE YEAR  
2021**Alternative Minimum Tax and  
Credit Limitations - Corporations**CALIFORNIA SCHEDULE  
**P (100)**

Attach to Form 100 or Form 109.

|                        |                               |
|------------------------|-------------------------------|
| Corporation name       | California corporation number |
| <b>URGENTPOINT INC</b> | <b>4059668</b>                |

**Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation**

|  |    |         |         |         |
|--|----|---------|---------|---------|
| 1 Net income (loss) after state adjustments. Enter the amount from Form 100, line 17; Schedule R, line 1c; or Form 109, the lesser of line 1 or line 2   |    | 1       | 223,553 | 00      |
| 2 Adjustments. See instructions.   |    |         |         |         |
| a Depreciation of tangible property placed in service after 1986 and before 1999   | 2a | -2,379  | 00      |         |
| b Amortization of certified pollution control facilities placed in service after 1986  | 2b |         | 00      |         |
| c Amortization of mining exploration and development costs incurred after 1987   | 2c |         | 00      |         |
| d Basis adjustments in determining gain or loss from sale or exchange of property  | 2d | 851     | 00      | STMT 19 |
| e Long-term contracts entered into after February 28, 1986   | 2e |         | 00      |         |
| f Installment sales of certain property  | 2f |         | 00      |         |
| g Tax shelter farm activities (personal service corporations only)   | 2g |         | 00      |         |
| h Passive activities (closely held corporations and personal service corporations only)  | 2h |         | 00      |         |
| i Certain loss limitations   | 2i |         | 00      |         |
| j Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a  | 2j |         | 00      |         |
| k Merchant marine capital construction funds   | 2k |         | 00      |         |
| l Combine line 2a through line 2k  | 2l |         | -1,528  | 00      |
| 3 Tax preference items. See instructions.  |    |         |         |         |
| a Depletion  | 3a |         | 00      |         |
| b Intangible drilling costs  | 3b |         | 00      |         |
| c Add line 3a and line 3b  | 3c |         |         | 00      |
| 4 Pre-adjustment alternative minimum taxable income (AMTI):  |    |         |         |         |
| a Combine line 1, line 2l, and line 3c   | 4a |         | 222,025 | 00      |
| b Apportioned pre-adjustment AMTI. If inc is derived from sources both within and outside of CA, see instr. Otherwise, enter the amt from ln 4a  | 4b |         | 222,025 | 00      |
| 5 Adjusted current earnings (ACE) adjustment:  |    |         |         |         |
| a Enter ACE. See instructions  | 5a | 231,073 | 00      |         |
| b Apportioned ACE. If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 5a   | 5b | 231,073 | 00      |         |
| c Subtract line 4b from line 5b (even if one or both of the figures are negative). If negative, use brackets   | 5c | 9,048   | 00      |         |
| d Multiply line 5c by 75% (.75) and enter the result as a positive number  | 5d |         | 6,786   | 00      |
| e Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. Enter an amount on line 5e (even if line 5c is positive) | 5e |         | 6,786   | 00      |
| f ACE adjustment:  |    |         |         |         |
| • If line 5c is a positive amount or zero, enter the amount from line 5d on line 5f as a positive amount.  |    |         |         |         |
| • If line 5c is a negative amount, enter the smaller of line 5d or line 5e on line 5f as a negative amount.  |    |         |         |         |
| 6 Combine line 4b and line 5f. If zero or less, enter -0-  | 6  |         | 228,811 | 00      |
| 7 a Reduction for disaster loss deduction, if any, from Form 100, line 21  | 7a |         | 00      |         |
| b AMT net operating loss deduction. See instructions   | 7b |         | 00      |         |
| c Combine line 7a and line 7b  | 7c |         | 0       | 00      |
| 8 AMTI. Subtract line 7c from line 6   | 8  |         | 228,811 | 00      |
| 9 Enter \$40,000 exemption. See instructions   | 9  |         | 40,000  | 00      |
| 10 Enter \$150,000 limitation. See instructions  | 10 |         | 150,000 | 00      |
| 11 Subtract line 10 from line 8. If zero or less, enter -0-  | 11 |         | 78,811  | 00      |
| 12 Multiply line 11 by 25% (.25)   | 12 |         | 19,703  | 00      |
| 13 Exemption. Subtract line 12 from line 9. If zero or less, enter -0-   | 13 |         | 20,297  | 00      |
| 14 Subtract line 13 from line 8. If zero or less, enter -0-  | 14 |         | 208,514 | 00      |
| 15 Multiply line 14 by 6.65% (.0665)   | 15 | 13,866  | 00      |         |
| 16 Banks and financial corps. Multiply Form 100, line 22, by 2.00% (.0200). See instructions   | 16 |         | 00      |         |

**Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation** (continued)

|   |    |        |    |
|---|----|--------|----|
| 17 TMT. Add line 15 and line 16 from Side 1 .....   | 17 | 13,866 | 00 |
| 18 Regular tax before credits. Enter the amount from Form 100, line 23 or Form 109, line 10. See instructions ..... | 18 | 19,762 | 00 |
| 19 AMT. Subtract line 18 from line 17. If zero or less, enter -0-. See instructions .....                           | 19 | 0      | 00 |

**Part II Credits that Reduce Tax**

|  |   |        |    |
|--|---|--------|----|
| 1 Regular tax from Form 100, line 23 or Form 109, line 10. ....  | 1 | 19,762 | 00 |
| 2 TMT (before credits) from Part I, line 17 (but not less than the minimum franchise tax, if applicable) ..... | 2 | 13,866 | 00 |

|  | (a)<br>Credit<br>amount | (b)<br>*Credit<br>used this<br>year | (c)<br>Tax balance<br>that may be<br>offset by credits | (d)<br>Credit<br>carryover |
|--|-------------------------|-------------------------------------|--|----------------------------|
| <b>Section A - Credits that reduce excess regular tax.</b>   |                         |                                     |  |                            |
| 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.<br>This is the excess regular tax which may be offset by credits .....   | 3                       |                                     | 5,896  |                            |
| <b>A1 Credits that reduce excess regular tax and have no carryover provisions.</b>   |                         |                                     |  |                            |
| 4 Code: 162 Prison Inmate Labor Credit. ....   | 4                       |                                     |  |                            |
| <b>A2 Credits that reduce excess regular tax and have carryover provisions.</b>  |                         |                                     |  |                            |
| See instructions.  |                         |                                     |  |                            |
| 5 Code: <input type="radio"/> Credit Name: .....   | 5                       |                                     |  |                            |
| 6 Code: <input type="radio"/> Credit Name: .....   | 6                       |                                     |  |                            |
| 7 Code: <input type="radio"/> Credit Name: .....   | 7                       |                                     |  |                            |
| 8 Code: <input type="radio"/> Credit Name: .....   | 8                       |                                     |  |                            |
| 9 Code: 188 Credit for prior year AMT from Part III, line 3 .....  | 9                       |                                     |  |                            |
| <b>Section B - Credits that may reduce regular tax below TMT.</b>  |                         |                                     |  |                            |
| 10 If Part II, line 3 is zero, enter the amount from line 1 minus the minimum franchise tax, if applicable. If line 3 is more than zero, enter the total of Part II, line 2, minus the minimum franchise tax, if applicable, plus line 9, column (c) or the last entry in column (c) ..... | 10                      |                                     |  |                            |
| <b>B Credits that reduce net tax and have carryover provisions.</b>  |                         |                                     |  |                            |
| See instructions.  |                         |                                     |  |                            |
| 11 Code: <input type="radio"/> Credit Name: .....  | 11                      |                                     |  |                            |
| 12 Code: <input type="radio"/> Credit Name: .....  | 12                      |                                     |  |                            |
| 13 Code: <input type="radio"/> Credit Name: .....  | 13                      |                                     |  |                            |
| 14 Code: <input type="radio"/> Credit Name: .....  | 14                      |                                     |  |                            |
| <b>Section C - Credits that may reduce AMT. See instructions.</b>  |                         |                                     |  |                            |
| 15 Enter the AMT from Part I, line 19 .....  | 15                      |                                     |  |                            |
| 16a Code: 180 Solar Energy Credit carryover from Section B, column (d) .....   | 16a                     |                                     |  |                            |
| 16b Code: 181 Commercial Solar Energy Credit carryover from Section B, column (d) .....  | 16b                     |                                     |  |                            |
| 17 Code: 176 Enterprise Zone Hiring & Sales or Use Tax Credit carryover from Section B, column (d) .....   | 17                      |                                     |  |                            |
| 18 Adjusted AMT. Enter the balance from line 17, column (c) here and on Form 100, line 29 or Form 109, Side 1, line 13 .....   | 18                      |                                     |  |                            |

**Part III Credit for Prior Year AMT**

|  |   |  |    |
|--|---|--|----|
| 1 Enter the AMT from the 2020 Schedule P (100). See instructions .....                               | 1 |  | 00 |
| 2 Carryover of unused credit for prior year AMT. See instructions .....                              | 2 |  | 00 |
| 3 Total available credit. Add line 1 and line 2. Enter here and on Part II, line 9, column (a) ..... | 3 |  | 00 |

\* If the corporation is subject to the credit limitation, the total of credits in Part II, Sections A and B, column (b) cannot exceed \$5,000,000. For taxpayers included in a combined report, the limitation is applied at the group level. See instructions for more information.

| CA    | Adjusted Current Earnings Adjustment Worksheet  | 2021    |
|-------|---|---------|
| 1     | Pre-adjustment AMTI (enter the amount from Schedule P) .....  | 222,025 |
| 2     | ACE depreciation adjustment:  |         |
| a     | AMT depreciation .....  | 23,844  |
| b     | ACE depreciation:   |         |
| (i)   | Post-1989 property .....  | 23,844  |
| (ii)  | Pre-1990 MACRS property .....   |         |
| (iii) | Pre-1990 ACRS property .....  |         |
| (iv)  | Property described in sections 168(f)(1) through (4) ...  |         |
| (v)   | Other property .....  |         |
| (vi)  | Total ACE depreciation (add lns 2b(i) thru 2b(v)) .....   | 23,844  |
| c     | ACE depreciation adjustment (subtract line 2b(vi) from line 2a) .....   |         |
| 3     | Inclusion in ACE of items included in E&P:  |         |
| a     | Tax-exempt interest income .....  |         |
| b     | Death benefits from life insurance contracts .....  |         |
| c     | All other distributions from life insurance contracts (Including surrenders) .....                              |         |
| d     | Inside buildup of undistributed income in life insurance contracts .....  |         |
| e     | Other items to be included in E&P .....   |         |
| f     | Total increase in ACE due to inclusion in ACE of items included in E&P (Add lines 3a thru 3e) .....             |         |
| 4     | Disallowance of items not deductible in computing E&P:  |         |
| a     | Certain dividends received .....  |         |
| b     | Dividends paid on certain preferred stock of public utilities deductible under Section 247 .....                |         |
| c     | Dividends paid to ESOP that are deductible under Section 404(k) .....   |         |
| d     | Non-patronage dividends that are paid and deductible under Section 1382(c) .....                                |         |
| e     | Other disallowed items not deductible for E&P .....   |         |
| f     | Total increase to ACE due to disallowance of items not deductible in computing E&P (Add lines 4a thru 4e) ..... |         |
| 5     | Certain other E&P adjustments:  |         |
| a     | Intangible drilling costs .....   |         |
| b     | Circulation expenditures .....  |         |
| c     | Organizational expenditures .....   | 9,048   |
| d     | LIFO inventory adjustments .....  |         |
| e     | Installment sales .....   |         |
| f     | Total other E&P adjustments (Combine lines 5a thru 5e) .....  | 9,048   |
| 6     | Loss on exchange of debt pools .....  |         |
| 7     | Acquisition expenses of life insurance companies for qualified foreign contracts .....                          |         |
| 8     | Depletion .....   |         |
| 9     | Basis adjustments in determining gain or loss from sale or exchange of property .....                           |         |
| 10    | Adjusted current earnings. Combine lines 1, 2c, 3f, 4f and 5f through 9 .....                                   | 231,073 |



TAXABLE YEAR

CALIFORNIA SCHEDULE

**2021****Apportionment and Allocation of Income****R**

Attach this schedule behind the California tax return and prior to the supporting schedules.

For calendar year 2021 or fiscal year beginning month (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

**URGENTPOINT INC****4059668****Water's-Edge Filers Only:** If controlled foreign corporations are included in the combined report, attach form FTB 2416.**Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.**

|  |            |          |    |
|--|------------|----------|----|
| <b>1 a</b> Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568) ..... | <b>1a</b>  | 223,553  | 00 |
| <b>b</b> Water's-edge foreign investment interest offset from form FTB 2424, line 17 .....   | <b>1b</b>  |          | 00 |
| <b>c</b> Total. Combine line 1a and line 1b .....  | <b>1c</b>  | 223,553  | 00 |
| <b>Nonbusiness Income (Loss) from All Sources.</b> See General Information A for definitions and examples.   |            |          |    |
| <b>2</b> Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10 .....   | <b>2</b>   |          | 00 |
| <b>3</b> Interest. Attach schedule .....   | <b>3</b>   |          | 00 |
| <b>4</b> Net income (loss) from the rental of property from Schedule R-3, line 3, column (c) .....   | <b>4</b>   |          | 00 |
| <b>5</b> Royalties. Attach schedule .....  | <b>5</b>   |          | 00 |
| <b>6</b> Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e) .....   | <b>6</b>   |          | 00 |
| <b>7</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach sch .....   | <b>7</b>   |          | 00 |
| <b>8</b> Miscellaneous nonbusiness income (loss). Attach schedule .....  | <b>8</b>   |          | 00 |
| <b>9</b> Total nonbusiness income (loss). Combine line 2 through line 8 .....  | <b>9</b>   |          | 00 |
| <b>Business Income (Loss) before Apportionment</b> (subject to a separate apportionment formula)   |            |          |    |
| <b>10</b> Nonunitary partnership or LLC business income (loss) .....   | <b>10</b>  |          | 00 |
| <b>11</b> Income (loss) from a separate trade or business. Attach supplemental Schedule R .....  | <b>11</b>  |          | 00 |
| <b>12</b> Business income (loss) deferred from prior years. See General Information L .....  | <b>12</b>  |          | 00 |
| <b>13</b> Capital gain (loss) netting subject to separate apportionment. See Gen Information M .....   | <b>13</b>  |          | 00 |
| <b>14</b> Total separately apportionable business income (loss). Combine line 10 through line 13 .....   | <b>14</b>  |          | 00 |
| <b>15</b> Tot business inc (loss) subject to apportionment for this trade or business, subtract the sum of ln 9 and ln 14 from ln 1c .....   | <b>15</b>  | 223,553  | 00 |
| <b>16</b> Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only) .....   | <b>16</b>  |          | 00 |
| <b>17</b> Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16 .....  | <b>17</b>  | 223,553  | 00 |
| <b>18 a</b> Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5 .....   | <b>18a</b> | 100.0000 | %  |
| <b>b</b> Business income (loss) apportioned to California. Multiply line 17 by line 18a .....  | <b>18b</b> | 223,553  | 00 |
| <b>Nonbusiness Income (Loss) Allocable to California.</b> If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.   |            |          |    |
| <b>19</b> Dividends and interest income (if taxpayer's commercial domicile is in California):  |            |          |    |
| <b>a</b> Dividends included in line 2 above .....  | <b>19a</b> |          | 00 |
| <b>b</b> Interest included in line 3 above .....   | <b>19b</b> |          | 00 |
| <b>20</b> Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b) .....  | <b>20</b>  |          | 00 |
| <b>21</b> Royalties. Attach schedule .....   | <b>21</b>  |          | 00 |
| <b>22</b> Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M .....  | <b>22</b>  |          | 00 |
| <b>23</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule .....   | <b>23</b>  |          | 00 |
| <b>24</b> Miscellaneous nonbusiness income (loss). Attach schedule .....   | <b>24</b>  |          | 00 |
| <b>25</b> Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24 .....  | <b>25</b>  |          | 00 |
| <b>26</b> Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J .....  | <b>26</b>  |          | 00 |
| <b>27</b> Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25 .....   | <b>27</b>  |          | 00 |

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

**URGENTPOINT INC****4059668****California Business Income (Loss)** subject to a separate apportionment formula.

|  |   |           |  |                |           |
|--|---|-----------|--|----------------|-----------|
| <b>28</b> California business income (loss) from a nonunitary partnership or LLC .....   | • | <b>28</b> |  | <b>00</b>      |           |
| <b>29</b> California income (loss) from a separate trade or business. Attach supplemental schedule R. ....   | • | <b>29</b> |  | <b>00</b>      |           |
| <b>30</b> California business income (loss) deferred from prior yrs. See General Information L .....   | • | <b>30</b> |  | <b>00</b>      |           |
| <b>31</b> Total business income (loss) separately apportioned to California. Combine line 28 through line 30 .....   | • | <b>31</b> |  |                | <b>00</b> |
| <b>Net Income (Loss) for California Purpose</b>  |   |           |  |                |           |
| <b>32</b> Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M .....   | • | <b>32</b> |  |                | <b>00</b> |
| <b>33</b> Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32 .....   | • | <b>33</b> |  | <b>223,553</b> | <b>00</b> |
| <b>34</b> Contributions adjustment from Schedule R-6, line 15 .....  | • | <b>34</b> |  |                | <b>00</b> |
| <b>35</b> Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15 ..... | • | <b>35</b> |  | <b>223,553</b> | <b>00</b> |

**Complete the applicable  
Schedules R-1 through R-7,  
starting on Side 3.**

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

**URGENTPOINT INC****4059668****Schedule R-1 Apportionment Formula.****Part A Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

| See General Information G and Specific Instructions.  | (a)<br>Total within and outside<br>California | (b)<br>Total within California | (c)<br>Percent within California<br>((b) ÷ (a)) x 100 |
|---|---|--------------------------------|---|
| <b>1 Sales:</b> Gross receipts, less returns, and allowances .....  | <b>4,897,406</b>                              |                                |   |
| <b>a</b> Sales delivered or shipped to California purchasers.   |   | <b>4,897,406</b>               |   |
| (i) Shipped from outside California .....   |   | <b>0</b>                       |   |
| (ii) Shipped from within California .....   |   | <b>0</b>                       |   |
| <b>b</b> Sales shipped from California to:  |   | <b>0</b>                       |   |
| (i) The United States Government .....  |   | <b>0</b>                       |   |
| (ii) Purchasers in a state where the taxpayer is not taxable .....  |   | <b>0</b>                       |   |
| <b>c</b> Total other gross receipts .....   |   |                                |   |
| (i) Sales from services .....   |   |                                |   |
| (ii) Sales or other income from intangibles .....   |   |                                |   |
| (iii) Sales from rental, leasing or licensing of tangible or real property ...  |   |                                |   |
| (iv) Sales from other gross receipts .....  |   |                                |   |
| <b>d</b> Sales from partnerships or LLCs treated as partnerships .....  |   |                                |   |
| <b>Total sales</b> .....  | <b>4,897,406</b>                              | <b>4,897,406</b>               |   |
| <b>2 Apportionment percentage.</b> Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H ..... |   |                                | <b>100.0000 %</b>                                     |

**Part B Three-Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

|  | (a)<br>Total within and outside<br>California | (b)<br>Total within California | (c)<br>Percent within California<br>((b) ÷ (a)) x 100 |
|--|---|--------------------------------|---|
| <b>1 Property:</b> Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress. |   |                                |   |
| Inventory .....  |   |                                |   |
| Buildings .....  |   |                                |   |
| Machinery and equipment (including delivery equipment) .....   |   |                                |   |
| Furniture and fixtures .....   |   |                                |   |
| Land .....   |   |                                |   |
| Other tangible assets. Attach schedule .....   |   |                                |   |
| Rented property used in the business. See General Information E .....  |   |                                |   |
| <b>Total property</b> .....  |   |                                | %   |
| <b>2 Payroll:</b> Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.   |   |                                |   |
| <b>Total payroll</b> .....   |   |                                | %   |
| <b>3 Sales:</b> Gross receipts, less returns, and allowances. See General Information G and Specific Instructions .....  |   |                                |   |
| <b>a</b> Sales delivered or shipped to California purchasers.  |   |                                |   |
| (i) Shipped from outside California .....  |   |                                |   |
| (ii) Shipped from within California .....  |   |                                |   |
| <b>b</b> Sales shipped from California to:   |   |                                |   |
| (i) The United States Government .....   |   |                                |   |
| (ii) Purchasers in a state where the taxpayer is not taxable .....   |   |                                |   |
| <b>c</b> Total other gross receipts .....  |   |                                |   |
| <b>Total sales</b> .....   |   |                                | %   |
| <b>4 Total percent.</b> Add the percentages in col (c) .....   |   |                                | %   |
| <b>5 Apportionment percentage.</b> Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H .....  |   |                                | %   |

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

**URGENTPOINT INC****4059668****Schedule R-2 Sales and General Questionnaire.** Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of the California business activities. LOS ANGELES
- 2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest. ADMINISTRATIVE MANAGMENT
- 3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government? ☐ Yes ☒ No If "No," explain. N/A
- 4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G and Specific Instructions. ☒ Yes ☐ No If "No," explain. \_\_\_\_\_
- 5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? ☐ Yes ☒ No  
If "Yes," provide a brief description. \_\_\_\_\_
- b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions ☐ Yes ☒ No  
If "Yes," provide a brief description of the new method. \_\_\_\_\_
- 6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? ☒ Yes ☐ No If "No," explain. \_\_\_\_\_
- 7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I. ☐ Yes ☒ No If "Yes," explain. \_\_\_\_\_
- 8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations? ☒ Yes ☐ No  
If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune. \_\_\_\_\_
- 9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? ☒ Yes ☐ No If "No," explain. \_\_\_\_\_

**Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property**

|  | (a)<br>Total outside<br>California | (b)<br>Total within<br>California | (c)<br>Total outside and<br>within California (a) + (b) |
|--|------------------------------------|-----------------------------------|---|
| 1 Income from rents .....  |                                    |                                   |   |
| 2 Rental deductions .....  |                                    |                                   |   |
| 3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20 ..... |                                    | ●                                 | ●   |

**Schedule R-4 Gain (Loss) from the Sale of Nonbusiness Assets**

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

| Description of property sold | Real estate and other tangible assets         |  | Intangible assets                             |  | Total                                       |
|------------------------------|---|--|---|--|---|
|                              | (a)<br>Gain (loss) from<br>outside California | (b)<br>Gain (loss) from<br>within California | (c)<br>Gain (loss) from<br>outside California | (d)<br>Gain (loss) from<br>within California | (e)<br>Gain (loss)<br>(a) + (b) + (c) + (d) |
| 1                            | ●   | ●  | ●   | ●  | ●   |
|                              | ●   | ●  | ●   | ●  | ●   |
|                              | ●   | ●  | ●   | ●  | ●   |
| 2 Total gain (loss) .....    | ●   | ●  | ●   | ●  | ●   |

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, columns (b) and (d) on Side 1, line 22.

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

**URGENTPOINT INC****4059668****Schedule R-5 Computation of Interest Offset.** Complete only if there are entries on line 2 and/or line 3 of Schedule R and if Schedule R-1 is required. See General Information J. **(California domiciliary only)**

|  |    |  |  |
|--|----|--|--|
| 1 Total interest expense deducted  | 1  |  |  |
| 2 Water's-edge foreign investment interest offset from Side 1, line 1b   | 2  |  |  |
| 3 Balance. Subtract line 2 from line 1   | 3  |  |  |
| 4 Total interest income (Form 100 or Form 100W, Side 1, line 4 and Schedule F, line 5a and line 5b; or Form 100S, Side 1, line 3 and interest income included on Schedule F, line 5 or Schedule K, line 4)                                   | 4  |  |  |
| 5 Nonbusiness interest income from Side 1, line 3  | 5  |  |  |
| 6 Business interest income. Subtract line 5 from line 4  | 6  |  |  |
| 7 Excess interest expense over business interest income. Subtract line 6 from line 3. If line 6 exceeds line 3, enter -0- here and on Side 1, line 16, and <b>do not</b> complete the rest of this schedule <input checked="" type="radio"/> | 7  |  |  |
| 8 Total dividend income  | 8  |  |  |
| 9 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10   | 9  |  |  |
| 10 Net dividend income. Subtract line 9 from line 8  | 10 |  |  |
| 11 Business dividend income  | 11 |  |  |
| 12 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10, attributable to business dividend income  | 12 |  |  |
| 13 Net business dividend income. Subtract line 12 from line 11   | 13 |  |  |
| 14 Net nonbusiness dividend income. Subtract line 13 from line 10  | 14 |  |  |
| 15 Total nonbusiness interest and dividend income. Add line 5 and line 14  | 15 |  |  |
| 16 Enter the lesser of line 7 or line 15. Enter here and on Side 1, line 16 <input checked="" type="radio"/>   | 16 |  |  |

If interest and/or dividend income is reported on Side 1, line 19a or line 19b, enter the allocable portion of Schedule R-5, line 16 on Side 1, line 26.  
See General Information J. If no interest or dividend income is reported on Side 1, line 19a or line 19b, **do not** deduct any interest expense on Side 1, line 26.

**Schedule R-6 Contributions Adjustment.** See General Information N.

|  |     |  |
|--|-----|--|
| 1 Total contributions paid (current year and carryover amount)   | 1   |  |
| 2 Net income (loss) after state adjustments from Side 1, line 1c   | 2   |  |
| 3 Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11; Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N | 3   |  |
| 4 Contributions deducted on Form 100, Form 100W, or Form 100S  | 4   |  |
| 5 Total. Add line 2 through line 4. If zero or less, enter -0-   | 5   |  |
| 6 Multiply line 5 by 10% (.10)   | 6   |  |
| 7 Net income (loss) for state purposes before contributions adjustment from Side 2, line 33  | 7   |  |
| 8 Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5   | 8   |  |
| 9 Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a  | 9   |  |
| 10 Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5   | 10  |  |
| 11 Total. Add line 7 through line 10. If zero or less, enter -0-   | 11  |  |
| 12 Multiply line 11 by 10% (.10)   | 12  |  |
| <b>Contributions Adjustment</b>  |     |  |
| 13 Enter the amount shown on line 10   | 13  |  |
| 14 Amount of contributions allowable:  |     |  |
| a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12  | 14a |  |
| b If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here   | 14b |  |
| 15 Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34. If the result is a negative amount, enter in brackets <input checked="" type="radio"/>             | 15  |  |

TAXABLE YEAR

2021

**Net Operating Loss (NOL) Computation and  
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

URGENTPOINT INC

4059668

During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ C corporation☐ S corporation ☐ Exempt organization ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

82-2594040

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☐

**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number ..... 1 0 00

2 2021 disaster loss included in line 1. Enter as a positive number ..... 2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions ..... 3 00

4 a Enter the amount of the loss incurred by a new business included in line 3 ..... 4a 00

b Enter the amount of the loss incurred by an eligible small business included in line 3 ..... 4b 00

c Add line 4a and line 4b ..... 4c 00

5 General NOL. Subtract line 4c from line 3 ..... 5 00

6 Current year NOL. Add line 2, line 4c, and line 5. See instructions ..... ☒ 6 00**Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;  
or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst ☒

(g) Available balance

223,553

**Prior Year NOLs**

| (a)<br>Year of<br>loss             | (b)<br>Code - See<br>instructions | (c)<br>Type of NOL -<br>See below * | (d)<br>Initial loss -<br>See instructions | (e)<br>Carryover<br>from 2020    | (f)<br>Amount used<br>in 2021 | (g)<br>Available balance | (h)<br>Carryover to 2022<br>col. (e) minus col. (f) |
|------------------------------------|-----------------------------------|-------------------------------------|---|----------------------------------|-------------------------------|--------------------------|---|
| 2 <input checked="" type="radio"/> |                                   |                                     |   | <input checked="" type="radio"/> |                               |                          | <input checked="" type="radio"/>                    |
| <input checked="" type="radio"/>   |                                   |                                     |   | <input checked="" type="radio"/> |                               |                          | <input checked="" type="radio"/>                    |
| <input checked="" type="radio"/>   |                                   |                                     |   | <input checked="" type="radio"/> |                               |                          | <input checked="" type="radio"/>                    |
| <input checked="" type="radio"/>   |                                   |                                     |   | <input checked="" type="radio"/> |                               |                          | <input checked="" type="radio"/>                    |

**Current Year NOLs**

|   | (a)<br>Year of<br>loss | (b)<br>Code - See<br>instructions | (c)<br>Type of NOL -<br>See below * | (d)<br>Initial loss -<br>See instructions | (e)<br>Carryover<br>from 2020 | (f)<br>Amount used<br>in 2021 | (g)<br>Available balance | (h)<br>Carryover to 2022<br>col. (e) minus col. (f)<br>See instructions. |
|---|------------------------|-----------------------------------|-------------------------------------|---|-------------------------------|-------------------------------|--------------------------|--|
| 3 | 2021                   |                                   | DIS                                 |   |                               |                               |                          |  |
| 4 | 2021                   |                                   |                                     |   |                               |                               |                          |  |
|   | 2021                   |                                   |                                     |   |                               |                               |                          |  |
|   | 2021                   |                                   |                                     |   |                               |                               |                          |  |
|   | 2021                   |                                   |                                     |   |                               |                               |                          |  |

\* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III 2021 NOL deduction**1 Total the amounts in Part II, line 2, column (f) ..... ☒ 1 002 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;  
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- ..... 2 003 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,  
line 17; or Form 109, line 7 ..... ☒ 3 00

TAXABLE YEAR

**2021****Corporation Depreciation  
and Amortization**

82-2594040

CALIFORNIA FORM

**3885**

Attach to Form 100 or Form 100W.

Corporation name

California corporation number

**URGENTPOINT INC****4059668****Part I Election To Expense Certain Property Under IRC Section 179**

|                             |   |                              |                  |
|-----------------------------|---|------------------------------|------------------|
| 1                           | Maximum deduction under IRC Section 179 for California .....  | 1                            | \$25,000         |
| 2                           | Total cost of IRC Section 179 property placed in service .....  | 2                            | <b>62,585</b>    |
| 3                           | Threshold cost of IRC Section 179 property before reduction in limitation .....                       | 3                            | \$200,000        |
| 4                           | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....                | 4                            |                  |
| 5                           | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....     | 5                            |                  |
| (a) Description of property |   | (b) Cost (business use only) | (c) Elected cost |
| 6                           |   |                              |                  |
| 7                           | Listed property (elected IRC Section 179 cost) .....  | 7                            |                  |
| 8                           | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....    | 8                            |                  |
| 9                           | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....                               | 9                            |                  |
| 10                          | Carryover of disallowed deduction from prior taxable years .....                                      | 10                           |                  |
| 11                          | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 ..... | 11                           |                  |
| 12                          | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....   | 12                           | <b>0</b>         |
| 13                          | Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12 .....                 | 13                           |                  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| (a)<br>Description of property   | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or<br>other basis | (d)<br>Depreciation allowed or<br>allowable in earlier years | (e)<br>Depreciation<br>method | (f)<br>Life or<br>rate | (g)<br>Depreciation<br>for this year | (h)<br>Additional<br>first year<br>depreciation |
|--|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| 14 <b>SEE STATEMENT 20</b>   |                                      |                               |  |                               |                        |                                      |   |
|  |                                      |                               |  |                               |                        |                                      |   |
|  |                                      |                               |  |                               |                        |                                      |   |
|  |                                      |                               |  |                               |                        |                                      |   |
|  |                                      |                               |  |                               |                        |                                      |   |
|  |                                      |                               |  |                               |                        |                                      |   |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) ..... |                                      |                               |  |                               |                        | 15                                   | <b>21,465</b>                                   |

**Part III Summary**

|  |    |                |
|--|----|----------------|
| 16 Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b><br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b><br>Depreciation (if no election is made), enter the amount from line 15, column (g) .....  | 16 | <b>21,465</b>  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....   | 17 | <b>59,205</b>  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.<br>If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation<br>amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ..... | 18 | <b>-37,740</b> |

**Part IV Amortization**

| (a)<br>Description of property  | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or<br>other basis | (d)<br>Amortization allowed or<br>allowable in earlier years | (e)<br>R&TC<br>Section<br>(see instructions) | (f)<br>Period or<br>percentage | (g)<br>Amortization<br>for this year |
|---|--------------------------------------|-------------------------------|--|--|--------------------------------|--------------------------------------|
| 19 <b>1 START UP ORGANIZATIONAL COST</b>  |                                      |                               |  |  |                                |                                      |
|   | <b>08/23/17</b>                      | <b>135,719.</b>               | <b>30,160.</b>   | <b>248</b>                                   | <b>180M</b>                    | <b>9,048</b>                         |
|   |                                      |                               |  |  |                                |                                      |
|   |                                      |                               |  |  |                                |                                      |
|   |                                      |                               |  |  |                                |                                      |
|   |                                      |                               |  |  |                                |                                      |
| 20 Total. Add the amounts in column (g) .....   |                                      |                               |  |  |                                | 20                                   |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....  |                                      |                               |  |  |                                | 21                                   |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,<br>Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 ..... |                                      |                               |  |  |                                | 22                                   |
|   |                                      |                               |  |  |                                | <b>0</b>                             |

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN  
WITH THE PAYMENT VOUCHER.**

**If the amount of payment is zero, do not mail this voucher.**

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2021 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple the check or money order with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**

**Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**

**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**

**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:**

Corporations or exempt organizations can make payments online using Web Pay for Businesses. Corporations or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

139035 10-28-21

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**2021**

**Payment Voucher for Corporations  
and Exempt Organizations e-filed Returns**

CALIFORNIA FORM

**3586 (e-file)**

4059668 URGE 82-2594040 000000000000 21 FORM 1  
TYB 01-01-2021 TYE 12-31-2021  
URGENTPOINT INC

2554 LINCOLN BLVD 196  
VENICE CA 90291

(323) 484-4343

Total Payment Amt 147.



022

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2021****California e-file Return Authorization for Corporations**

FORM

**8453-C**

Corporation name

California Corporation No.,  
CA SOS file no., or FEIN**4059668****URGENTPOINT, INC.****Part I Tax Return Information** (whole dollars only)

|          |  |          |                |
|----------|--|----------|----------------|
| <b>1</b> | Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)       | <b>1</b> | <b>246,930</b> |
| <b>2</b> | Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10) | <b>2</b> | <b>223,553</b> |
| <b>3</b> | Total tax (Form 100, line 30; Form 100S, line 30; Form 100W, line 30 or Form 100X, line 18)      | <b>3</b> | <b>19,762</b>  |
| <b>4</b> | Tax due (Form 100, line 39; Form 100S, line 40; Form 100W, line 36 or Form 100X, line 20)        | <b>4</b> |                |
| <b>5</b> | Overpayment (Form 100, line 40; Form 100S, line 41; Form 100W, line 37 or Form 100X, line 27)    | <b>5</b> | <b>238</b>     |

**Part II Settle the Account Electronically for Taxable Year 2021****6** ☐ Direct deposit of refund (For Forms 100, 100S, and 100W only.)**7** ☐ Electronic funds withdrawal **7a** Amount**7b** Withdrawal date (mm/dd/yyyy)**Part III Schedule of Estimated Tax Payments for Taxable Year 2022** (These are NOT installment payments for the current amount the corporation owes.)

|                          | First Payment | Second Payment | Third Payment | Fourth Payment |
|--------------------------|---------------|----------------|---------------|----------------|
| <b>8</b> Amount          |               |                |               |                |
| <b>9</b> Withdrawal Date |               |                |               |                |

**Part IV Banking Information** (Have you verified the corporation's banking information?)**10** Routing number \_\_\_\_\_**11** Account number \_\_\_\_\_**12** Type of account: ☐ Checking ☐ Savings**Part V Declaration of Officer**

I authorize the corporate account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2021 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here**

Signature of officer

Date

**PRESIDENT**

Title

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                                |   |   |   |   |  |
|--------------------------------|---|---|---|---|--|
| <b>ERO</b><br><b>Must Sign</b> | ERO's signature                                     | Date  | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN <b>P00885604</b>                            |
|                                | Firm's name (or yours if self-employed) and address | <b>WITHUMSMITH&amp;BROWN PC</b><br><b>16830 VENTURA BLVD., SUITE 501</b><br><b>ENCINO, CA</b> |   |   | Firm's FEIN <b>22-2027092</b><br>ZIP code <b>91436</b> |

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|  |   |                         |   |                      |
|--|---|-------------------------|---|----------------------|
| <b>Paid Preparer</b><br><b>Must Sign</b> | Paid preparer's signature                           | Date                    | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
|  | Firm's name (or yours if self-employed) and address | Firm's FEIN<br>ZIP code |   |                      |

TAXABLE YEAR **2021** **California Payment Authorization**  
**for Business Entities**

FORM

**8453-BE (PMT)**

Name of business entity (corporation, limited liability company, or partnership)

California Corporation No., CA SOS file no., or FEIN

**URGENTPOINT, INC.****4059668****Part I** Extension Payment Information for Taxable Year 2021

1 Electronic Funds Withdrawal (EFW) Amount

2 Withdrawal Date (mm/dd/yyyy)

**Part II** Schedule of Estimated Tax Payments for Taxable Year 2022(These are **not** installment payments for the current amount the corporation owes.)

|                                | First Payment | Second Payment | Third Payment | Fourth Payment |
|--------------------------------|---------------|----------------|---------------|----------------|
| 3 Amount                       |               |                |               |                |
| 4 Withdrawal date (mm/dd/yyyy) |               |                |               |                |

**Part III** Annual Tax or Estimated Fee Payment for Taxable Year 2022(This is **not** an installment payment for the current amount the LLC owes.)

|                                | Annual Tax Payment | Estimated Fee Payment |
|--------------------------------|--------------------|-----------------------|
| 5 Amount                       |                    |                       |
| 6 Withdrawal date (mm/dd/yyyy) |                    |                       |

**Part IV** Pass-Through Entity (PTE) Elective Tax Payments for Taxable Years 2021 and 2022

|                                | 2021 Payment | 2022 First Payment | 2022 Second Payment |
|--------------------------------|--------------|--------------------|---------------------|
| 7 Amount                       |              |                    |                     |
| 8 Withdrawal date (mm/dd/yyyy) |              |                    |                     |

**Part V** Banking Information for Electronic Funds Withdrawal

9 Routing number

10 Account number

11 Type of account: ☐ Checking ☐ Savings**Payment Authorization**

I authorize the business entity account to be settled as designated in Parts I, II, III and IV. The above electronic funds withdrawals are to be made from the bank account indicated on Part V, lines 9, 10, and 11. This authorization will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date(s) specified above. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete.

|                  |   |      |
|------------------|---|------|
| <b>Sign Here</b> | Signature of business entity's representative | Date |
|                  | Title <b>PRESIDENT</b>                        |      |

**Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

Under penalties of perjury, I declare that I have reviewed the entries on form FTB 8453-BE (PMT) and they are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I declare that form FTB 8453-BE (PMT) accurately reflects the data on the EFW request.) I have obtained the taxpayer's signature on form FTB 8453-BE (PMT) before transmitting the EFW to the FTB. I have provided the taxpayer with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-BE (PMT) for the statute of limitations period, and I will make a copy available to FTB upon request.

|                  |   |                   |   |   |                             |
|------------------|---|-------------------|---|---|-----------------------------|
| <b>Sign Here</b> | ERO's signature   | Date              | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN <b>P00885604</b> |
|                  | Paid preparer's signature   | Date              |   | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN        |
|                  | Firm's name (or yours if self-employed) and address   | Firm's FEIN       |   |   |                             |
|                  | <b>WITHUMSMITH&amp;BROWN PC</b><br><b>16830 VENTURA BLVD., SUITE 501</b><br><b>ENCINO, CA</b> | <b>22-2027092</b> |   |   | <b>91436</b>                |

KEEP THIS FORM FOR YOUR RECORDS - DO NOT MAIL TO THE FTB

FTB 8453-BE (PMT) 2021



URGENTPOINT, INC.

82-2594040

| FORM 5806                   |                 | COMPUTATION OF INTEREST ON UNDERPAYMENT |                           |                           |            |      | STATEMENT 1      |                      |
|-----------------------------|-----------------|---|---------------------------|---------------------------|------------|------|------------------|----------------------|
| Q<br>T<br>R<br>-            | EVENT<br>AMOUNT | TYPE                                    | REMAINING<br>UNDERPAYMENT | PERIOD OF<br>UNDERPAYMENT |            | DAYS | INTEREST<br>RATE | AMOUNT OF<br>PENALTY |
| A                           | 5,929.          | Q                                       | 5,929.                    | 04/15/2021                | 06/30/2021 | 76   | 3.0000           | 37.                  |
|                             |                 | R                                       | 5,929.                    | 06/30/2021                | 12/31/2021 | 184  | 3.0000           | 90.                  |
|                             |                 | R                                       | 5,929.                    | 12/31/2021                | 03/15/2022 | 74   | 3.0000           | 36.                  |
| B                           | 7,904.          | Q                                       | 7,904.                    | 06/15/2021                | 06/30/2021 | 15   | 3.0000           | 10.                  |
|                             |                 | R                                       | 7,904.                    | 06/30/2021                | 12/31/2021 | 184  | 3.0000           | 120.                 |
|                             |                 | R                                       | 7,904.                    | 12/31/2021                | 03/15/2022 | 74   | 3.0000           | 48.                  |
| D                           | 5,929.          | Q                                       | 5,929.                    | 12/15/2021                | 12/31/2021 | 16   | 3.0000           | 8.                   |
|                             |                 | R                                       | 5,929.                    | 12/31/2021                | 03/15/2022 | 74   | 3.0000           | 36.                  |
| TOTAL TO FORM 5806 LINE 22B |                 |   |                           |                           |            |      |                  | 385.                 |

EVENT TYPE: Q = QUARTERLY AMOUNT DUE  
 P = PAYMENT  
 R = INTEREST RATE CHANGE  
 L = LEAP YEAR CHANGE  
 W = NONRESIDENT WITHHOLDING  
 O = PRIOR YEAR OVERPAYMENTS & PAYMENTS MADE AFTER AN  
 INSTALLMENT DUE DATE BUT BEFORE THE 1ST DAY OF THE MONTH  
 THE NEXT INSTALLMENT IS DUE - APPLIED AS LATE PAYMENT TO  
 A PREVIOUS INSTALLMENT

| FORM 100/100W  |  | OTHER ADDITIONS | STATEMENT 2 |
|--|--|-----------------|-------------|
| DESCRIPTION  |  |                 | AMOUNT      |
| DISALLOWED AMOUNT OF IRS 100% BUSINESS MEALS EXPENSE |  |                 | 417.        |
| TOTAL TO FORM 100/100W, OTHER ADDITIONS              |  |                 | 417.        |

URGENTPOINT, INC.82-2594040

FORM 100/100W

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTIONAMOUNT

EMPLOYEE PARKING

14,587.

FEDERAL ORDINARY GAIN FROM FORM 4797

500.

ORDINARY LOSS FROM SCHEDULE D-1

8,290.

TOTAL TO FORM 100/100W, OTHER DEDUCTIONS

23,377.

FORM 100/100W

VOTING STOCK INFORMATION - QUESTION K.1

STATEMENT 4

NAME JOE CHAUVAPUN

ADDRESS 2554 LINCOLN BLVD #196

CITY VENICE

STATE CA ZIP CODE 90291

COUNTRY US

ID OR SSN 568-67-1046

PERCENT OWNED 58.0000%

URGENTPOINT, INC.

82-2594040

FORM 100/100W

VOTING STOCK INFORMATION - QUESTION K.3

STATEMENT 5

NAME JOE CHAUVAPUN - URGENTPOINT HEALTH PC STOCK  
 ADDRESS 2554 LINCOLN BLVD #196  
 CITY VENICE  
 STATE CA ZIP CODE 90291  
 COUNTRY US  
 ID OR SSN 568-67-1046  
 PERCENT OWNED 100.0000%

NAME JOE CHAUVAPUN - URGENTPOINT TRANSFORMATION PC STOCK  
 ADDRESS 2554 LINCOLN BLVD #196  
 CITY VENICE  
 STATE CA ZIP CODE 90291  
 COUNTRY US  
 ID OR SSN 568-67-1046  
 PERCENT OWNED 100.0000%

NAME JOE CHAUVAPUN - URGENTPOINT WELLNESS PC STOCK  
 ADDRESS 2554 LINCOLN BLVD #196  
 CITY VENICE  
 STATE CA ZIP CODE 90291  
 COUNTRY US  
 ID OR SSN 568-67-1046  
 PERCENT OWNED 100.0000%

FORM 100/100W, SCHEDULE A

TAXES DEDUCTED

STATEMENT 6

| (A) NATURE OF TAX AND (B) TAXING AUTHORITY | (C) TOTAL TAXES | (D) NONDED AMOUNT |
|--|-----------------|-------------------|
| LICENSE AND PERMITS                        | 10,722.         |                   |
| PAYROLL TAXES                              | 217,477.        |                   |
| BASED ON INCOME CALIFORNIA                 | 8,854.          | 8,854.            |
| OTHER NEW JERSEY                           | 750.            |                   |
| TOTAL TO FORM 100/100W, SCHEDULE A         | 237,803.        | 8,854.            |

URGENTPOINT, INC.

82-2594040

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FORM 100/100W, SCHEDULE F      COMPENSATION OF OFFICERS      STATEMENT 7

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| (A) NAME OF OFFICER | (B) SOCIAL<br>SECURITY<br>NUMBER | (C) PCT<br>OF TIME<br>DEVOTED | PCT OF STK<br>(D) COM | (E) PFD | (F) AMOUNT<br>OF<br>COMPENSATION |
|---------------------|----------------------------------|-------------------------------|-----------------------|---------|----------------------------------|
| JEFF MARINUCCI      | 364-90-3432                      | 100%                          | 6.00%                 |         | 304,006.                         |
| JOE CHAUVAPUN       | 568-67-1046                      | 50.00%                        | 56.00%                |         | 107,447.                         |
| ANDREW LEE          | 546-37-7288                      | 100%                          | 1.00%                 |         | 237,962.                         |

|                                |          |
|--------------------------------|----------|
| TOTAL COMPENSATION OF OFFICERS | 649,415. |
|--------------------------------|----------|

|  |  |
|--|--|
| LESS: COMPENSATION OF OFFICERS CLAIMED ELSEWHERE ON RETURN |  |
|--|--|

|                                    |          |
|------------------------------------|----------|
| TOTAL TO FORM 100/100W, SCHEDULE F | 649,415. |
|------------------------------------|----------|

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FORM 100/100W, SCHEDULE F      INTEREST INCOME      STATEMENT 8

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| DESCRIPTION                        | AMOUNT  |
|------------------------------------|---------|
| INTEREST INCOME                    | 12,036. |
| TOTAL TO FORM 100/100W, SCHEDULE F | 12,036. |

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FORM 100/100W, SCHEDULE F      OTHER INCOME      STATEMENT 9

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| DESCRIPTION                        | AMOUNT   |
|------------------------------------|----------|
| REIMBURSEMENTS                     | 245,993. |
| TOTAL TO FORM 100/100W, SCHEDULE F | 245,993. |

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URGENTPOINT, INC.

82-2594040

## FORM 100/100W, SCHEDULE F

## OTHER DEDUCTIONS

## STATEMENT 10

| DESCRIPTION                        | AMOUNT     |
|------------------------------------|------------|
| ACCOUNTING FEES                    | 176,221.   |
| AMORTIZATION                       | 9,048.     |
| BANK CHARGES                       | 4,031.     |
| BILLING SERVICES                   | 384,342.   |
| BUSINESS PROMOTIONS                | 628.       |
| CLEANING SERVICES & SUPPLIES       | 855.       |
| COMPUTER HARDWARE                  | 26,668.    |
| CONSULTING                         | 463,299.   |
| CONTINUING EDUCATION               | 2,308.     |
| DUES AND SUBSCRIPTIONS             | 81,968.    |
| GRAPHIC AND WEB DESIGN FEES        | 53,864.    |
| INSURANCE                          | 105,643.   |
| LEGAL FEES                         | 68,134.    |
| MARKETING                          | 17,323.    |
| MEALS NOT SUBJECT TO LIMITATION    | 834.       |
| MERCHANT FEES                      | 7,051.     |
| MOVING EXPENSE                     | 5,060.     |
| OFFICE SUPPLIES                    | 17,058.    |
| PARKING EXPENSE                    | 30.        |
| PAYROLL FEES                       | 31,372.    |
| RECRUITING                         | 3,967.     |
| TELEPHONE & INTERNET               | 6,756.     |
| VEHICLE EXPENSE                    | 45,611.    |
| TOTAL TO FORM 100/100W, SCHEDULE F | 1,512,071. |

## FORM 100/100W, SCHEDULE L

## OTHER CURRENT ASSETS

## STATEMENT 11

| DESCRIPTION                        | BEGINNING OF<br>TAX YEAR | END OF TAX<br>YEAR |
|------------------------------------|--------------------------|--------------------|
| BLUE DOOR PROMISSORY NOTE          | 9,586.                   | 336.               |
| TOTAL TO FORM 100/100W, SCHEDULE L | 9,586.                   | 336.               |

## FORM 100/100W, SCHEDULE L

## OTHER INVESTMENTS

## STATEMENT 12

| DESCRIPTION                        | BEGINNING OF<br>TAX YEAR | END OF TAX<br>YEAR |
|------------------------------------|--------------------------|--------------------|
| INVESTMENT IN EHMA                 | 323,018.                 | 491,027.           |
| TOTAL TO FORM 100/100W, SCHEDULE L | 323,018.                 | 491,027.           |



URGENTPOINT, INC.

82-2594040

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|                           |              |              |
|---------------------------|--------------|--------------|
| FORM 100/100W, SCHEDULE L | OTHER ASSETS | STATEMENT 13 |
|---------------------------|--------------|--------------|

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| DESCRIPTION                        | BEGINNING OF<br>TAX YEAR | END OF TAX<br>YEAR |
|------------------------------------|--------------------------|--------------------|
| DEPOSITS                           | 23,500.                  | 32,610.            |
| TOTAL TO FORM 100/100W, SCHEDULE L | 23,500.                  | 32,610.            |

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|                           |                           |              |
|---------------------------|---------------------------|--------------|
| FORM 100/100W, SCHEDULE L | OTHER CURRENT LIABILITIES | STATEMENT 14 |
|---------------------------|---------------------------|--------------|

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| DESCRIPTION                        | BEGINNING OF<br>TAX YEAR | END OF TAX<br>YEAR |
|------------------------------------|--------------------------|--------------------|
| PPP LOAN                           | 109,045.                 |                    |
| TOTAL TO FORM 100/100W, SCHEDULE L | 109,045.                 |                    |

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|                           |                   |              |
|---------------------------|-------------------|--------------|
| FORM 100/100W, SCHEDULE L | OTHER LIABILITIES | STATEMENT 15 |
|---------------------------|-------------------|--------------|

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| DESCRIPTION                             | BEGINNING OF<br>TAX YEAR | END OF TAX<br>YEAR |
|---|--------------------------|--------------------|
| AUTO LOAN PAYABLE                       | 56,645.                  | 48,646.            |
| PROMISSORY NOTE - SUPPORTING STRATEGIES | 30,310.                  | 11,462.            |
| TOTAL TO FORM 100/100W, SCHEDULE L      | 86,955.                  | 60,108.            |

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|                             |  |              |
|-----------------------------|--|--------------|
| FORM 100/100W, SCHEDULE M-1 | EXPENSES RECORDED ON BOOKS<br>NOT DEDUCTED ON RETURN | STATEMENT 16 |
|-----------------------------|--|--------------|

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| DESCRIPTION                          | AMOUNT  |
|--------------------------------------|---------|
| EMPLOYEE PARKING                     | 14,587. |
| PERSONAL AUTO USE                    | 1,410.  |
| TOTAL TO FORM 100/100W, SCHEDULE M-1 | 15,997. |

URGENTPOINT, INC.82-2594040


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FORM 100/100W, SCHEDULE M-1      INCOME RECORDED ON BOOKS      STATEMENT 17  
    NOT INCLUDED ON RETURN

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| DESCRIPTION                                 | AMOUNT   |
|---|----------|
| PAYCHECK PROTECTION PROGRAM FORGIVEN INCOME | 109,045. |
| TOTAL TO FORM 100/100W, SCHEDULE M-1        | 109,045. |

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CA SCHEDULE D-1      PART II - OTHER ORDINARY GAIN AND LOSS      STATEMENT 18

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| (A)<br>DESCRIPTION | (B) DATE<br>ACQ | (C) DATE<br>SOLD | (D) SALES<br>PRICE | (E) DEPRE-<br>CIATION<br>ALLOWED | (F) COST<br>OR<br>BASIS | (G) GAIN<br>OR<br>LOSS |
|--------------------|-----------------|------------------|--------------------|----------------------------------|-------------------------|------------------------|
| SALE OF 2018       | CHEVROLET       | CRUZE            |                    |                                  |                         |                        |
|                    | 08/14/20        | 04/14/21         | 500.               | 2,198.                           | 10,988.                 | -8,290.                |
| TOTAL              |                 |                  | 500.               | 2,198.                           | 10,988.                 | -8,290.                |

URGENTPOINT, INC.

82-2594040

| CA SCHEDULE P                |  | BASIS ADJUSTMENT FOR SALES |            | STATEMENT 19 |
|------------------------------|--|----------------------------|------------|--------------|
| DESCRIPTION                  |  | AMT DEPREC                 | REG DEPREC | ADJUSTMENT   |
| SALE OF 2018 CHEVROLET CRUZE |  | 3,049.                     | 2,198.     | 851.         |
| TOTAL TO SCHEDULE P, LINE 2D |  |                            |            | 851.         |

| FORM 3885          |  |                 | DEPRECIATION  |            |        |      | STATEMENT 20  |       |
|--------------------|--|-----------------|---------------|------------|--------|------|---------------|-------|
| ASSET NO.          | DESCRIP-TION                           | DATE IN SERVICE | COST OR BASIS | PRIOR DEPR | METHOD | LIFE | DEPRE-CIATION | BONUS |
| 3                  | 2018 HONDA CIVIC                       | 01/08/20        | 20,132.       | 3,304.     | 200DB  | 5.00 | 5,227.        |       |
| 4                  | 2017 HONDA HR-V                        | 01/08/20        | 19,846.       | 3,304.     | 200DB  | 5.00 | 5,227.        |       |
| 5                  | 2016 HONDA CRV                         | 05/13/20        | 21,289.       | 3,304.     | 200DB  | 5.00 | 5,227.        |       |
| 9                  | GURNEYS, EXAM TABLES                   | 12/22/21        | 19,072.       | 0.         | 200DB  | 5.00 | 954.          |       |
| 10                 | PATIENT MONITORS                       | 12/22/21        | 7,719.        | 0.         | 200DB  | 5.00 | 386.          |       |
| 11                 | FURNITURE & FIXTURES - CTRL COLLECTIVE | 08/26/21        | 11,985.       | 0.         | 200DB  | 7.00 | 1,284.        |       |
| 12                 | 2021 TOYOTA COROLLA HYBRID             | 04/03/21        | 23,809.       | 0.         | 200DB  | 5.00 | 3,160.        |       |
| TOTAL TO FORM 3885 |  |                 | 123,852.      | 9,912.     |        |      | 21,465.       |       |

## 2021 TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CBT-100

### FOR THE YEAR ENDING

DECEMBER 31, 2021

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**PREPARED FOR:**

URGENTPOINT, INC.  
2554 LINCOLN BLVD. #196  
VENICE, CA 90291

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**PREPARED BY:**

WITHUMSMITH&BROWN PC  
16830 VENTURA BLVD., SUITE 501  
ENCINO, CA 91436

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

|                              |    |     |
|------------------------------|----|-----|
| TOTAL TAX                    | \$ | 500 |
| LESS: PAYMENTS AND CREDITS   | \$ | 250 |
| PLUS: OTHER AMOUNT           | \$ | 0   |
| PLUS: INTEREST AND PENALTIES | \$ | 0   |
| BALANCE DUE                  | \$ | 250 |

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**OVERPAYMENT:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

WHEN THE RETURN IS FILED THE AMOUNT DUE SHOULD BE ELECTRONICALLY TRANSFERRED.

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE CONTACT OUR OFFICE TO CONFIRM THAT YOUR RETURN CAN BE FILED. DO NOT MAIL THE PAPER COPY TO THE NEW JERSEY DOR.

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**RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FEDERAL FORM 8879-C TO US BY MAY 16, 2022.

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**SPECIAL INSTRUCTIONS:**

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE MAY 16, 2022.

PAYMENT OF TAX MUST BE MADE ELECTRONICALLY VIA THE STATE OF NEW JERSEY - CBT WEBSITE AT:

[WWW.STATE.NJ.US/TREASURY/TAXATION/ESERVICESOTHER.SHTML#EFT](http://WWW.STATE.NJ.US/TREASURY/TAXATION/ESERVICESOTHER.SHTML#EFT)

**CORPORATION BUSINESS TAX  
APPLICATION FOR EXTENSION  
OF TIME TO FILE WORKSHEET**

**CBT-200-TC**

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY  
CORPORATION BUSINESS TAX ELECTRONICALLY**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit [www.njtaxation.org](http://www.njtaxation.org) and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit [www.nj.gov/treasury/revenue/eft1.shtml](http://www.nj.gov/treasury/revenue/eft1.shtml)

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

**RETURN MUST BE FILED ONLINE OR E-FILED.  
This form cannot be paper filed - this  
copy is for informational purposes only.**

Corporation Business Tax Application for Extension of Time to File Worksheet  
CBT-200-TC

Beginning 01/01/2021 and ending 12/31/2021

2021  
822-594-040/000 URGE  
URGENTPOINT, INC.  
2554 LINCOLN BLVD. #196  
VENICE, CA 90291

Payments should be made electronically.

|   |    |        |
|---|----|--------|
| 1. Estimated Corporation Business Tax             | 1. | 500.00 |
| 2. Installment Payment (50% of Line 1)            | 2. | 250.00 |
| 3. Key Corporation AMA                            | 3. | .00    |
| 4. Tentative Profession Corporation Fee           | 4. | .00    |
| 5. Installment Payment for PC Fee (50% of Line 4) | 5. | .00    |
| 6. Total Tax and Fee Due                          | 6. | 750.00 |
| 7. Less Payments to date                          | 7. | 250.00 |
| 8. Balance Due (Line 6 minus Line 7)              | 8. | 500.00 |

**CORPORATION BUSINESS TAX  
PAYMENT WORKSHEET**

**CBT-100-V**

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY  
CORPORATION BUSINESS TAX ELECTRONICALLY**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit [www.njtaxation.org](http://www.njtaxation.org) and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit [www.nj.gov/treasury/revenue/eft1.shtml](http://www.nj.gov/treasury/revenue/eft1.shtml)

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

**RETURN MUST BE FILED ONLINE OR E-FILED.  
This form cannot be paper filed - this  
copy is for informational purposes only.**

Corporation Business Tax Payment Worksheet  
CBT-100-V

Beginning 01/01/2021 and ending 12/31/2021

2020  
822-594-040/000 URGE  
URGENTPOINT, INC.  
2554 LINCOLN BLVD. #196  
VENICE, CA 90291

Payments should be made electronically.

Enter amount of payment here:

250.00

**2021  
CBT-100****New Jersey Corporation Business Tax Return  
For Tax Years Ending On or After July 31, 2021, Through June 30, 2022**

1019

Tax year beginning JAN 1, 2021 and ending DEC 31, 2021**FINAL RETURN**

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| FEDERAL EMPLOYER I.D. NUMBER<br><b>822-594-040/000</b>   |  | N.J. CORPORATION NUMBER<br><b>8225-9404-0</b> |  | State and date of incorporation <b>CA</b> <b>08 23 2017</b>   |  |
| CORPORATION NAME<br><b>URGENTPOINT INC</b>   |  |   |  | Date authorized to do business in New Jersey <b>08232017</b>  |  |
| MAILING ADDRESS<br><b>2554 LINCOLN BLVD 196</b>  |  |   |  | Federal business activity code <b>561110</b>  |  |
| CITY STATE ZIP CODE<br><b>VENICE CA 90291</b>  |  |   |  | Corporation books are in the care of <b>JEFFREY MARINUC</b><br>at <b>2554 LINCOLN BLVD 196 VEN</b>  |  |
| Check applicable return type: <input type="checkbox"/> Initial <input type="checkbox"/> Amended<br>Enter Amended Code: _____ If code 10, enter reason: _____ |  |   |  | Phone Number <b>3234844343</b>  |  |
|  |  |   |  | Check if applicable (see instructions):<br><input type="checkbox"/> Investment Company <input type="checkbox"/> Professional Corporation<br><input type="checkbox"/> Real Estate Investment Trust <input type="checkbox"/> Regulated Invest. Company<br><input type="checkbox"/> Federal 1120-S Filer <input type="checkbox"/> Claiming P.L. 86-272 |  |

|   |      |      |
|---|------|------|
| 1. Tax Base - Enter amount from line 4 of Schedule A, Part III  | 1.   | 0.   |
| 2. Amount of Tax - Multiply line 1 by the applicable tax rate (see instructions)  | 2.   |      |
| 3. Tax Credits - Enter amount from Schedule A-3, Part I, line 28 (see instructions)   | 3.   |      |
| 4. CBT TAX LIABILITY - Subtract line 3 from line 2  | 4.   | 0.   |
| 5. a. Surtax on taxable net income - Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by the applicable surtax rate (see instructions) | 5a.  | 0.   |
| b. Pass-Through Business Alternative Income Tax Credit from Form 329 (see instructions) (Amount entered cannot be more than amount on line 5a)                                  | 5b.  | 0.   |
| c. Balance of surtax - Subtract line 5b from line 5a  | 5c.  | 0.   |
| 6. a. Enter the total minimum tax (see instructions)  | 6a.  | 500. |
| b. Tax Due - Add line 5c to the greater of line 4 or line 6a (see instructions)   | 6b.  | 500. |
| 7. Installment Payment - Only applies if line 6b is \$500 or less (see instructions)  | 7.   |      |
| 8. Professional Corporation Fees (from Schedule PC, line 7)   | 8.   | 0.   |
| 9. TOTAL TAX AND PROFESSIONAL CORPORATION FEES - Add lines 6b, 7, and 8   | 9.   | 500. |
| 10. a. Payments and Credits (see instructions)  | 10a. | 250. |
| b. Payments made by partnerships on behalf of taxpayer (include copies of all NJK-1s)   | 10b. |      |
| c. Refundable Tax Credits from Schedule A-3, Part II, line 5 (see instructions)   | 10c. |      |
| d. Total Payments and Credits - Add lines 10a, 10b, and 10c   | 10d. | 250. |
| 11. Balance of Tax Due - If line 10d is less than line 9, subtract line 10d from line 9   | 11.  | 250. |
| 12. Penalty and Interest Due (see instructions)   | 12.  |      |
| 13. Total Balance Due - Add line 11 and line 12   | 13.  | 250. |
| 14. Amount Overpaid - If line 10d is greater than the sum of line 9 and 12, enter amount of overpayment   | 14.  |      |
| 15. Amount of line 14 to be Refunded  | 15.  |      |
| 16. Amount of line 14 to be Credited to 2022 Tax Return   | 16.  |      |
| 17. Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied <input type="checkbox"/> 2021 or <input type="checkbox"/> 2022               | 17.  |      |
| Unitary ID Number<br><b>NU</b>  |      |      |

**CERTIFICATION OF INACTIVITY (See Instructions)**

If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 must be completed. A corporate officer must sign and certify below:

☐ By marking the check box to the left, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.

(Date) (Signature of Corporate Officer) (Title)

**RETURN MUST BE FILED ONLINE OR E-FILED**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, forms, and statements, and to the best of my knowledge and belief, this return and the accompanying schedules, forms, and statements are true, correct, and complete. I understand that anyone who furnishes false or misleading information on a tax return or who omits material or information on a tax return is guilty of tax evasion, fraud, or willful neglect or disregard of the law. I understand that anyone who prepares a tax return for another person who is not the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**This form cannot be paper filed - this copy is for informational purposes only.**

(Date) (Signature of Duty Authorized Officer of Taxpayer) (Title)

(Date) (Signature of Individual Preparing Return) (Address) (Preparer's ID Number)

(Name of Tax Preparer's Employer) **WITHUMSMITH&BROWN PC** **16830 VENTURA BLVD., SUITE** (Address) **ENCINO, CA 91436** (Employer's ID Number) **22-2027092**



NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

URGENTPOINT, INC.

822-594-040/000

**ANNUAL GENERAL QUESTIONNAIRE (See Instructions)****PART I** All taxpayers must answer the following questions. Riders must be provided where necessary.1. Type of business ADMINISTRATIVE MGMTPrincipal products handled MANAGEMENT2. State the location of the actual seat of management or control of the corporation CALIFORNIA

3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations? ☐ Yes. Provide a rider indicating the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of stock owned or controlled. OR ☒ No.

4. These questions must be answered by corporations with a controlling interest in certain commercial property.

a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property? ☐ Yes. Answer question 4b below. OR ☒ No.

b. Was the CITT-1, Controlling Interest Transfer Tax, filed with the Division of Taxation?

☐ Yes. Provide a rider indicating the information and include a copy of the CITT-1 OR ☐ No. Provide a rider indicating the name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.

5. Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)? ☐ Yes. Provide a rider indicating the name, address, and FEIN of the subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are included in this return. OR ☒ No.

6. Did the taxpayer receive any deemed repatriation dividends reported under IRC §965 from a subsidiary in the taxpayer's federal tax year 2017 or 2018 for which the taxpayer files a New Jersey 2017, 2018, or 2019 tax return? ☐ Yes. Provide a rider indicating the name and FEIN of the subsidiary, the amount of deemed repatriation dividends, and indicate on which New Jersey return the income was included. OR ☒ No.

7. If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is excluded, did the taxpayer distribute dividends or deemed dividends in the current tax year? ☐ Yes. Provide a rider indicating the name and FEIN of the entity to which the dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group. OR ☒ No.

8. Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related service activities that are deductible against the income of members of a combined group? ☐ Yes. Provide a rider indicating the names and ID numbers of the combined group or the related members and detail the taxpayer's income that is deductible against their income. OR ☒ No.

9. Is income from sources outside the United States included in taxable net income on Schedule A?

☐ Yes ☐ No ☒ NA

If yes, provide a rider indicating such items of gross income, the source, the deductions and the amount of foreign taxes paid. Enter on Schedule A, Part II, line 10, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).

10. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey? ☐ Yes. OR ☒ No.11. Does the taxpayer file as part of a group filing combined returns/reports in other states with corporations that either do not file New Jersey returns or file separate New Jersey returns? ☐ Yes. OR ☒ No.12. Is the taxpayer part of a group that files a New Jersey combined return, but is excluded from the combined return? ☐ Yes. Provide information below. OR ☒ No.

Name of the managerial member of the combined group: \_\_\_\_\_

13. Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return or their federal tax return? ☐ Yes. Include a rider detailing the information. OR ☒ No.

For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).

14. Does the taxpayer own or lease real or tangible property:

a. In New Jersey? ☐ Yes. OR ☒ No.

b. Outside New Jersey? ☒ Yes. Provide information below. OR ☐ No.

List the states, political subdivisions, and foreign nations (as applicable): CALIFORNIA15. What percentage of the taxpayer's worldwide property, real or tangible, is inside the United States? 100.0000%

16. Does the taxpayer have payroll:

a. In New Jersey? ☐ Yes. OR ☒ No.

b. Outside New Jersey? ☒ Yes. Provide information below. OR ☐ No.

List the states, political subdivisions, and foreign nations (as applicable): CALIFORNIA17. What percentage of the taxpayer's worldwide payroll is inside the United States? 100.0000%18. Is 20% or more of either or both the taxpayer's property and payroll inside the United States? ☒ Yes. OR ☐ No.19. Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party? ☐ Yes. Include a rider with the entity's name and tax ID number. OR ☒ No.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

URGENTPOINT, INC.

822-594-040/000

**ANNUAL GENERAL QUESTIONNAIRE (Continued)****PART II REGULATED INVESTMENT COMPANIES** (Riders must be provided where necessary)

1. Is this taxpayer registered and regulated under the Federal Investment Company Act of 1940 (54 Stat. 789, as amended)? ☐ Yes. Provide information below (include rider if necessary). ☒ No.

**Securities and Exchange Commission Information**

| Registration Number | Registration Date |
|---------------------|-------------------|
|                     |                   |

**IMPORTANT NOTE:** If the taxpayer's certificate under the Act was not obtained prior to the commencement of the period covered in the return or if such authority was not continued during such entire period, then the taxpayer is not entitled to report as a Regulated Investment Company.

2. Has the taxpayer satisfied the requirements of IRC § 852(a)? ☐ Yes OR ☒ No. If no, taxpayer cannot file as a Regulated Investment Company.
3. Every taxpayer seeking to report as a regulated investment company **MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS** for the period covered by this return together with all other stockholder reports issued by the company during such period.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

URGENTPOINT, INC.

822-594-040/000

**Schedule A****CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)****EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE****PART I - COMPUTATION OF ENTIRE NET INCOME** (All data must match the federal pro forma or federal return, whichever is applicable.)

| Income   |     |            |
|--|-----|------------|
| 1. a. Gross receipts or sales .....  | 1a. | 4,897,406. |
| b. Less: Returns and allowances .....  | 1b. |            |
| c. Total - Subtract line 1b from line 1a .....   | 1c. | 4,897,406. |
| 2. Less: Cost of goods sold (from Schedule A-2, line 8) .....  | 2.  |            |
| 3. Gross profit - Subtract line 2 from line 1c .....   | 3.  | 4,897,406. |
| 4. a. Dividends .....  | 4a. |            |
| b. Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993) .....  | 4b. |            |
| c. Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992) .....   | 4c. |            |
| 5. Interest .....  | 5.  | 12,036.    |
| 6. Gross rents .....   | 6.  |            |
| 7. Gross royalties .....   | 7.  |            |
| 8. Capital gain net income (include a copy of federal Schedule D) .....  | 8.  |            |
| 9. Net gain or (loss) (from federal Form 4797, include a copy) .....   | 9.  | 500.       |
| 10. Other income (include schedule(s)) ..... <b>SEE STATEMENT 1</b>  | 10. | 245,993.   |
| 11. <b>Total Income</b> - Add lines 3 through 10 .....   | 11. | 5,155,935. |
| Deductions   |     |            |
| 12. Compensation of officers (from Schedule F) .....   | 12. | 649,415.   |
| 13. Salaries and wages (less employment credits) .....   | 13. | 1,991,603. |
| 14. Repairs (Do not include capital expenditures) .....  | 14. | 900.       |
| 15. Bad debts .....  | 15. |            |
| 16. Rents .....  | 16. | 341,453.   |
| 17. Taxes .....  | 17. | 237,803.   |
| 18. Interest .....   | 18. |            |
| 19. Charitable contributions .....   | 19. |            |
| 20. Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return .....  | 20. | 59,205.    |
| 21. Depletion .....  | 21. |            |
| 22. Advertising .....  | 22. | 6,882.     |
| 23. Pension, profit-sharing plans, etc. ....   | 23. |            |
| 24. Employee benefit programs .....  | 24. | 147,301.   |
| 25. Reserved for future use .....  | 25. |            |
| 26. Other deductions (include schedule) ..... <b>SEE STATEMENT 2</b>   | 26. | 1,521,454. |
| 27. <b>Total Deductions</b> - Add lines 12 through 26 .....  | 27. | 4,956,016. |
| 28. Taxable income before federal net operating loss deductions and federal special deductions -<br>Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal<br>Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions) ... | 28. | 199,919.   |

**PART II - NEW JERSEY MODIFICATIONS TO ENTIRE NET INCOME**

| 1. Taxable income/(loss) before federal net operating loss deductions and special deductions (from Schedule A, Part I, line 28) ..... | 1.  | 199,919. |
|---|-----|----------|
| Additions   |     |          |
| 2. Reserved for future use .....  | 2.  |          |
| 3. Other federally exempt income not included in line 1 (see instructions) .....  | 3.  |          |
| 4. Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions) .....                       | 4.  |          |
| 5. New Jersey State and other states' taxes deducted in line 1 (see instructions) .....   | 5.  | 8,854.   |
| 6. Related party interest addback (from Schedule G, Part I) .....   | 6.  |          |
| 7. Related party intangible expenses and costs addback (from Schedule G, Part II) .....   | 7.  |          |
| 8. Reserved for future use .....  | 8.  |          |
| 9. Depreciation modification being added to income (from Schedule S) .....  | 9.  | 22,233.  |
| 10. Other additions. Explain on separate rider (see instructions) .....   | 10. |          |
| 11. Taxable income/(loss) with additions - Add line 1 through line 10 and enter the total .....                                       | 11. | 231,006. |

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

URGENTPOINT, INC.

822-594-040/000

**Schedule A****CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)****EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE****Deductions**

|   |      |  |
|---|------|--|
| 12. Depreciation modification being subtracted from income (from Schedule S) .....  | 12.  |  |
| 13. Previously Taxed Dividends (from Schedule PT) .....   | 13.  |  |
| 14. a. Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is included on line 1 ..... | 14a. |  |
| b. Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is included on line 1 .....       | 14b. |  |
| c. Net GILTI previously taxed by New Jersey not deducted or excluded elsewhere .....                                      | 14c. |  |
| 15. I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/deducted elsewhere) .....        | 15.  |  |
| 16. Reserved for future use .....   | 16.  |  |
| 17. a. Elimination of nonoperational activity (from Schedule O, Part I) .....   | 17a. |  |
| b. Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4) .....                           | 17b. |  |
| 18. Other deductions. Explain on separate rider (see instructions) .....  | 18.  |  |
| 19. Total deductions - Add line 12 through line 18 and enter the total .....  | 19.  |  |

**Taxable Net Income/(Loss) Calculation**

|   |     |          |
|---|-----|----------|
| 20. Entire Net Income/(Loss) Subtotal - Subtract line 19 from line 11 .....   | 20. | 231,006. |
| 21. Allocation factor from Sch J (if all receipts were derived from only New Jersey sources, enter 1.000000) .....  | 21. | .000000  |
| 22. Allocated entire net income/(loss) before net operating loss deductions and dividend exclusion - Multiply line 20 by line 21 and enter the result here (if zero or less, enter zero on line 29) ..... | 22. | 0.       |
| 23. Prior year net operating loss (PNOL) deduction (from Form 500, Section A) (Amount entered cannot be more than amount on line 22) .....  | 23. |          |
| 24. Allocated entire net income before post allocation net operating loss deduction - Subtract line 23 from line 22 (If zero or less, enter zero here and on line 29) .....                               | 24. | 0.       |
| 25. Post allocation net operating loss (NOL) deduction (from Form 500, Section B) (Amount entered cannot be more than amount on line 24) .....  | 25. |          |
| 26. Allocated entire net income before allocated dividend exclusion - Subtract line 25 from line 24 (If zero or less, enter zero here and on line 29) .....   | 26. | 0.       |
| 27. Allocated Dividend Exclusion (from Schedule R) (see instructions) .....   | 27. |          |
| 28. Reserved for future use .....   | 28. |          |
| 29. <b>Taxable net income</b> - Subtract line 27 from line 26 .....   | 29. | 0.       |

Did the taxpayer have any discharge of indebtedness excluded from federal taxable income in the current tax year pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108 ☐ Yes. See instructions for Form 500. OR ☒ No.

**PART III - COMPUTATION OF NEW JERSEY TAX BASE**

|  |     |    |
|--|-----|----|
| 1. Enter taxable net income from Schedule A, Part II, line 29 .....  | 1.  | 0. |
| 2. a. Investment Company - Enter 40% of line 1 .....   | 2a. |    |
| b. Real Estate Investment Trust - Enter 4% of line 1 .....   | 2b. |    |
| c. All Others - Enter the amount from line 1 .....   | 2c. | 0. |
| 3. a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero) ...                           | 3a. |    |
| b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero)                            | 3b. |    |
| 4. Tax Base - Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1 ..... | 4.  | 0. |

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**Schedule A-2****COST OF GOODS SOLD (See Instructions)** All data must match amounts reported on federal

Form 1125-A of the federal pro forma or federal return, whichever is applicable.

|  |    |  |
|--|----|--|
| 1. Inventory at beginning of year .....  | 1. |  |
| 2. Purchases .....   | 2. |  |
| 3. Cost of labor .....   | 3. |  |
| 4. Additional section 263A costs .....   | 4. |  |
| 5. Other costs (include schedule) .....  | 5. |  |
| 6. Total - Add lines 1 through 5 .....   | 6. |  |
| 7. Inventory at end of year .....  | 7. |  |
| 8. Cost of goods sold - Subtract line 7 from line 6. Include here and on Schedule A, Part I,<br>line 2 ..... | 8. |  |

**Schedule A-3****SUMMARY OF TAX CREDITS (See Instructions)****PART I - Tax Credits Used Against Liability**

|  |     |  |
|--|-----|--|
| 1. New Jobs Investment Tax Credit from Form 304 .....                                  | 1.  |  |
| 2. Angel Investor Tax Credit from Form 321 .....                                       | 2.  |  |
| 3. Business Employment Incentive Program Tax Credit from Form 324 .....                | 3.  |  |
| 4. EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300 .....            |     |  |
| OR b) Urban Enterprise Zone Investment Tax Credit from Form 301 .....                  | 4.  |  |
| 5. Redevelopment Authority Project Tax Credit from Form 302 .....                      | 5.  |  |
| 6. Manufacturing Equipment and Employment Investment Tax Credit from Form 305 .....    | 6.  |  |
| 7. Research and Development Tax Credit from Form 306 .....                             | 7.  |  |
| 8. Neighborhood Revitalization State Tax Credit from Form 311 .....                    | 8.  |  |
| 9. Effluent Equipment Tax Credit from Form 312 .....                                   | 9.  |  |
| 10. Economic Recovery Tax Credit from Form 313 .....                                   | 10. |  |
| 11. AMA Tax Credit from Form 315 .....   | 11. |  |
| 12. Business Retention and Relocation Tax Credit from Form 316 .....                   | 12. |  |
| 13. Sheltered Workshop Tax Credit from Form 317 .....                                  | 13. |  |
| 14. Film Production Tax Credit from Form 318 .....                                     | 14. |  |
| 15. Urban Transit Hub Tax Credit from Form 319 .....                                   | 15. |  |
| 16. Grow NJ Tax Credit from Form 320 .....   | 16. |  |
| 17. Wind Energy Facility Tax Credit from Form 322 .....                                | 17. |  |
| 18. Residential Economic Redevelopment and Growth Tax Credit from Form 323 .....       | 18. |  |
| 19. Public Infrastructure Tax Credit from Form 325 .....                               | 19. |  |
| 20. Reserved for future use .....  | 20. |  |
| 21. Film and Digital Media Tax Credit from Form 327 .....                              | 21. |  |
| 22. Tax Credit for Employers of Employees With Impairments from Form 328 .....         | 22. |  |
| 23. Pass-Through Business Alternative Income Tax Credit from Form 329 .....            | 23. |  |
| 24. Apprenticeship Program Tax Credit from Form 330 .....                              | 24. |  |
| 25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331 .....             | 25. |  |
| 26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332 .....                  | 26. |  |
| 27. Other Tax Credit (see instructions) .....  | 27. |  |
| 28. Total tax credits - Add lines 1 through 27. Enter here and on page 1, line 3 ..... | 28. |  |

**PART II - Refundable Tax Credits**

|   |    |  |
|---|----|--|
| 1. Refundable portion of New Jobs Investment Tax Credit from Form 304 .....                   | 1. |  |
| 2. Refundable portion of Angel Investor Tax Credit from Form 321 .....                        | 2. |  |
| 3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324 ..... | 3. |  |
| 4. Other Tax Credit to be refunded .....  | 4. |  |
| 5. Total amount of tax credits to be refunded. Enter here and on page 1, line 10c .....       | 5. |  |

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**Schedule A-4****SUMMARY SCHEDULE (See Instructions)**

|   |    |            |   |     |    |
|---|----|------------|---|-----|----|
| <b>PNOL Deduction and Carryover</b>               |    |            | <b>Net Operational Income Information</b> |     |    |
| 1. Form 500, Section A, line 5 minus line 7       | 1. | 0.         | 8. Schedule O, Part III                   | 8.  | 0. |
| <b>NOL Deduction and Carryover</b>                |    |            | <b>Dividend Exclusion Information</b>     |     |    |
| 2. Form 500, Section B, line 6 minus line 8       | 2. | 0.         | 9. Schedule R, line 7                     | 9.  | 0. |
| <b>Interest and Intangible Costs and Expenses</b> |    |            |   |     |    |
| 3. Schedule G, Part I, line b                     | 3. | 0.         | 10. Schedule R, line 9                    | 10. | 0. |
|   |    |            |   |     |    |
| 4. Schedule G, Part II, line b                    | 4. | 0.         | 11. Schedule R, line 11                   | 11. | 0. |
| <b>Schedule J Information</b>                     |    |            | <b>Schedule P Information</b>             |     |    |
| 5. Schedule J, line 1f                            | 5. | 0.         | 12. Schedule P, Part III, line 1          | 12. | 0. |
|   |    |            |   |     |    |
| 6. Schedule J, line 1g                            | 6. | 4,897,406. | 13. Schedule P, Part III, line 2          | 13. | 0. |
|   |    |            |   |     |    |
| 7. Schedule J, line 1h                            | 7. | .000000    |   |     |    |

**Schedule F****CORPORATE OFFICERS - GENERAL INFORMATION AND COMPENSATION (See Instructions)**

Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

| (1)<br>Name and Current Address of Officer   | (2)<br>Social Security Number | (3)<br>Title | (4)<br>Dates Employed<br>in this position |    | (5)<br>Percentage of Corpora-<br>tion Stock Owned |           | (6)<br>Amount of Compensation |
|--|-------------------------------|--------------|---|----|---|-----------|-------------------------------|
|  |                               |              | From                                      | To | Common  | Preferred |                               |
| SEE STATEMENT 3  |                               |              |   |    |   |           |                               |
|  |                               |              |   |    |   |           |                               |
|  |                               |              |   |    |   |           |                               |
|  |                               |              |   |    |   |           |                               |
|  |                               |              |   |    |   |           |                               |
|  |                               |              |   |    |   |           |                               |
|  |                               |              |   |    |   |           |                               |
|  |                               |              |   |    |   |           |                               |
| a. Total compensation of officers  |                               |              |   |    |   |           | 649,415.                      |
| b. Less: Compensation of officers claimed elsewhere on the return                        |                               |              |   |    |   |           |                               |
| c. Balance of compensation of officers (include here and on Schedule A, Part I, line 12) |                               |              |   |    |   |           | 649,415.                      |

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**Schedule G - Part I INTEREST (See Instructions)**

Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income?

☐ Yes. Fill out the following schedule. ☒ No.

| Name of Related Member  | Federal ID Number | Relationship to Taxpayer | Amounts |
|---|-------------------|--------------------------|---------|
|   |                   |                          |         |
|   |                   |                          |         |
|   |                   |                          |         |
|   |                   |                          |         |
|   |                   |                          |         |
| a. Total amount of interest deducted .....  |                   |                          |         |
| b. Subtract: Exceptions (see instructions) .....  |                   |                          | ( )     |
| c. Related Party Interest Expenses Disallowed for New Jersey Purposes (include here and on Schedule A, Part II, line 6) ..... |                   |                          |         |

**Schedule G - Part II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COSTS (See Instr.)**

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income? ☐ Yes. Fill out the following schedule. ☒ No.

| Name of Related Member   | Federal ID Number | Relationship to Taxpayer | Type of Intangible Expense Deducted | Amounts |
|--|-------------------|--------------------------|-------------------------------------|---------|
|  |                   |                          |                                     |         |
|  |                   |                          |                                     |         |
|  |                   |                          |                                     |         |
|  |                   |                          |                                     |         |
|  |                   |                          |                                     |         |
| a. Total amount of intangible expenses and costs deducted .....  |                   |                          |                                     |         |
| b. Subtract: Exceptions (see instructions) .....   |                   |                          |                                     | ( )     |
| c. Related Party Intangible Expenses and Costs addback (include here and on Schedule A, Part II, line 7) ..... |                   |                          |                                     |         |

**NOTE:** For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

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**Schedule H****TAXES (See Instructions)**

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

|   | (a)<br>Corporation<br>Franchise<br>Business Taxes | (b)<br>Corporation<br>Business/<br>Occupancy<br>Taxes | (c)<br>Property<br>Taxes | (d)<br>U.C.C. or<br>Payroll<br>Taxes | (e)<br>Other Taxes/<br>Licenses<br>(include sch.) | (f)<br>Total |
|---|---|---|--------------------------|--------------------------------------|---|--------------|
| 1. New Jersey Taxes                           |   |   |                          |                                      |   |              |
| 2. Other States & U.S. Possessions            | 8,854   |   |                          |                                      |   | 8,854        |
| 3. City and Local Taxes                       |   |   |                          |                                      |   |              |
| 4. Taxes Paid to Foreign Countries *          |   |   |                          |                                      |   |              |
| 5. Total                                      | 8,854   |   |                          |                                      |   | 8,854        |
| 6. Combine lines 5(a) and 5(b)                |   | 8,854   |                          |                                      |   |              |
| 7. Sales & Use Taxes Paid by a Utility Vendor |   |   |                          |                                      |   |              |
| 8. Add lines 6 and 7                          |   | 8,854   |                          |                                      |   |              |
| 9. Federal Taxes                              |   |   |                          |                                      |   |              |
| 10. Total (Combine line 5 and line 9)         | 8,854   |   |                          |                                      |   | 8,854        |

\* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

**Schedule J****COMPUTATION OF ALLOCATION FACTOR (See Instructions)**

All taxpayers, regardless of entire net income reported on Schedule A, Part II, line 20, Form CBT-100, must complete Schedule J.

**For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.**

| 1. Receipts:   | AMOUNTS (omit cents) |
|--|----------------------|
| a. From sales of tangible personal property shipped to points within New Jersey .....  | a. ....              |
| b. From services if the benefit of the service is received in New Jersey .....   | b. ....              |
| c. From rentals of property situated in New Jersey .....   | c. ....              |
| d. From royalties for the use in New Jersey of patents, copyrights, and trademarks .....   | d. ....              |
| e. All other business receipts earned in New Jersey (See instructions) .....   | e. ....              |
| f. Total New Jersey receipts (Total of lines 1a to 1e, inclusive) .....  | f. .... 0.           |
| g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere .....   | g. .... 4,897,406.   |
| h. Allocation Factor (Percentage in New Jersey) (Line 1f divided by line 1g). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part II, line 21 ..... | h. .... .000000      |

**NOTE:** Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC § 250(a) deductions, in the allocation factor. The net amount of GILTI (i.e., the GILTI reduced by the I.R.C. §250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.



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**Schedule P-1****PARTNERSHIP INVESTMENT ANALYSIS (See Instructions)****Part I - Partnership Information**

| (1)<br>Partnership, LLC, or Other Entity Information |                   | (2)<br>Date and State where Organized | (3)<br>Percentage of Ownership | (4)             |                 | (5)<br>Tax Accounting Method |                      | (6)<br>New Jersey Nexus |    | (7)<br>Tax Payments Made on Behalf of Taxpayer by Partnerships |
|--|-------------------|---------------------------------------|--------------------------------|-----------------|-----------------|------------------------------|----------------------|-------------------------|----|--|
| Name   | Federal ID Number |                                       |                                | Limited Partner | General Partner | Flow Through                 | Separate Accounting* | Yes                     | No |  |
|  |                   |                                       |                                |                 |                 |                              |                      |                         |    |  |
|  |                   |                                       |                                |                 |                 |                              |                      |                         |    |  |
|  |                   |                                       |                                |                 |                 |                              |                      |                         |    |  |
|  |                   |                                       |                                |                 |                 |                              |                      |                         |    |  |
|  |                   |                                       |                                |                 |                 |                              |                      |                         |    |  |
|  |                   |                                       |                                |                 |                 |                              |                      |                         |    |  |
|  |                   |                                       |                                |                 |                 |                              |                      |                         |    |  |

Enter total of column 7 here and on page 1, line 10b .....

\*Taxpayers using a separate accounting method must complete Part II.

**Part II - Separate Accounting of Nonunitary Partnership Income**

| (1)<br>Nonunitary Partnership's<br>Federal ID Number | (2)<br>Distributive Share of Income/Loss<br>from Nonunitary Partnership   | (3)<br>Partnership's Allocation Factor<br>(See Instructions) | (4)<br>Taxpayer's Share of Income<br>Allocated to New Jersey<br>(Multiply Column 2 by Column 3) |
|--|---|--|---|
| 1.   |   |  |   |
| 2.   |   |  |   |
| 3.   |   |  |   |
| 4.   | Total column 2. Enter amount here and Schedule A, Part II, line 17b ..... |  |   |
| 5.   | Total column 4. Enter amount here and Schedule A, Part III, line 3b ..... |  |   |

If additional space is needed, include a rider.

**Schedule PC****PER CAPITA LICENSED PROFESSIONAL FEE (See Instructions)**

- Is the corporation a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? ☐ Yes. This schedule must be included with the return. ☒ No.
- How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? ☐ 2 or less, complete Part I. ☐ More than 2, complete Part I and Part II (if additional space is needed, include a rider).

**Part I - Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.**

| Name | Address | FID/SSN |
|------|---------|---------|
| 1.   |         |         |
| 2.   |         |         |
| 3.   |         |         |
| 4.   |         |         |
| 5.   |         |         |

**Part II - Complete only if there are more than 2 licensed professional listed above.**

|   |    |     |
|---|----|-----|
| 1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150 .....                             | 1. |     |
| 2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC .....         | 2. |     |
| 3. Total Fee Due - Add line 1 and line 2 .....  | 3. |     |
| 4. Installment Payment - 50% of line 3 .....  | 4. |     |
| 5. Total Fee Due (line 3 plus line 4) .....   | 5. |     |
| 6. Less prior year 50% installment payment and credit (if applicable) .....   | 6. | ( ) |
| 7. Balance of Fee Due (line 5 minus line 6). If the result is zero or more, include the amount here and on Form CBT-100, page 1, line 8 ..... | 7. |     |
| 8. Credit to next year's Professional Corporation Fee (if line 7 is less than zero, enter the amount here) .....                              | 8. |     |

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**SUBSIDIARY INVESTMENT ANALYSIS (See Instructions)**

## PART I DOMESTIC SUBSIDIARY

| PART 1 - DOMESTIC SUBSIDIARY |                           |                               |                |                   |  |
|------------------------------|---------------------------|-------------------------------|----------------|-------------------|--|
| Federal ID Number            | (1)<br>Name of Subsidiary | (2)<br>Percentage of Interest |                | (3)<br>Book Value | (4)<br>Domestic Dividend Income<br>(as reported on Schedule A) |
|                              |                           | (a) Voting                    | (b) Non-Voting |                   |  |
|                              |                           |                               |                |                   |  |
|                              |                           |                               |                |                   |  |
|                              |                           |                               |                |                   |  |
|                              |                           |                               |                |                   |  |
|                              |                           |                               |                |                   |  |
| Totals                       |                           |                               |                |                   |  |

| PART IV - FOREIGN SUBSIDIARY |                           |                               |                |                   |   |
|------------------------------|---------------------------|-------------------------------|----------------|-------------------|---|
| Federal ID Number            | (1)<br>Name of Subsidiary | (2)<br>Percentage of Interest |                | (3)<br>Book Value | (4)<br>Foreign Dividend Income<br>(as reported on Schedule A) |
|                              |                           | (a) Voting                    | (b) Non-Voting |                   |   |
|                              |                           |                               |                |                   |   |
|                              |                           |                               |                |                   |   |
|                              |                           |                               |                |                   |   |
|                              |                           |                               |                |                   |   |
|                              |                           |                               |                |                   |   |
| Totals                       |                           |                               |                |                   |   |

|  |    |
|--|----|
| 1. Enter total from Part I, column 4 (include here and on Schedule A-4)  | 1. |
| 2. Enter total from Part II, column 4 (include here and on Schedule A-4) | 2. |
| 3. Total dividends. Add lines 1 and 2 (include here and on Schedule R)   | 3. |

**DIVIDEND EXCLUSION (See Instructions)**

|  |     |   |
|--|-----|---|
| 1. Enter the total dividends and deemed dividends reported on Schedule A .....   | 1.  |   |
| 2. Enter amount from Schedule PT, Section D, line 3 .....  | 2.  |   |
| 3. Dividends eligible for dividend exclusion - Subtract line 2 from line 1 .....   | 3.  |   |
| 4. Enter amount from Schedule P, Part III, line 3 .....  | 4.  |   |
| 5. Multiply line 4 by .95 .....  | 5.  |   |
| 6. Subtract line 4 from line 3 .....   | 6.  |   |
| 7. Dividend income from investments where taxpayer owns less than 50% of voting<br>stock and less than 50% of all other classes of stock (do not incl. amounts subtracted on line 2) ..... | 7.  | ( |
| 8. Subtract line 7 from line 6 .....   | 8.  |   |
| 9. Multiply line 8 by 50% .....  | 9.  |   |
| 10. Reserved for future use .....  | 10. |   |
| 11. DIVIDEND EXCLUSION: Add lines 5 and 9 .....  | 11. |   |
| 12. Allocation factor from current Schedule J (if all receipts are derived from only NJ sources, enter 1.000000) .....   | 12. |   |
| 13. ALLOCATED DIVIDEND EXCLUSION: Multiply line 11 by line 12 (include here and on Schedule A, Part II, line 27) .....   | 13. |   |

|                         |                   |
|-------------------------|-------------------|
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**Schedule S - Part I****DEPRECIATION AND SAFE HARBOR LEASING (See Instructions)**

|  |    |         |
|--|----|---------|
| 1. IRC § 179 Deduction   | 1. |         |
| 2. Special Depreciation Allowance - for qualified property placed in service during the tax year | 2. | 38,776. |
| 3. MACRS   | 3. |         |
| 4. ACRS  | 4. |         |
| 5. Other Depreciation  | 5. |         |
| 6. Listed Property   | 6. | 20,429. |
| 7. Total depreciation claimed in arriving at Schedule A, Part II, line 1                         | 7. | 59,205. |

**Include Federal Form 4562 and Federal Depreciation Worksheet**

Modification at Schedule A, Part II, line 9 or line 12 - Depreciation and Certain Safe Harbor Lease Transactions

**Additions**

|  |      |         |
|--|------|---------|
| 8. Amounts from lines 3, 4, 5, and 6 above   | 8.   | 20,429. |
| 9. Special Depreciation Allowance from line 2 above  | 9.   | 38,776. |
| 10. Distributive share of the special depreciation allowance from a partnership  | 10.  |         |
| 11. Distributive share of ACRS, MACRS, and other depreciation from a partnership   | 11.  |         |
| 12. Deductions on federal return resulting from an election made pursuant to IRC § 168(f)(8) exclusive of elections made with respect to mass commuting vehicles |      |         |
| a. Interest  | 12a. |         |
| b. Rent  | 12b. |         |
| c. Amortization of Transactional Costs   | 12c. |         |
| d. Other Deductions  | 12d. |         |
| 13. IRC § 179 depreciation in excess of New Jersey allowable deduction   | 13.  |         |
| 14. Other additions (include an explanation/reconciliation)  | 14.  |         |
| 15. Total lines 8 through 14   | 15.  | 59,205. |

**Deductions**

|  |     |         |
|--|-----|---------|
| 16. New Jersey depreciation  | 16. | 28,182. |
| 17. Recomputed depreciation attributable to distributive share of recovery property from a partnership   | 17. |         |
| 18. Any income included in the return with respect to property solely as a result of an IRC § 168(f)(8) election   | 18. |         |
| 19. The lessee/user should enter the amount of depreciation that would have been allowable under the Internal Revenue Code on December 31, 1980, had there been no safe harbor lease election                                  | 19. |         |
| 20. Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property (include computations) <b>STATEMENT 4</b>                                      | 20. | 8,790.  |
| 21. Other deductions (include an explanation/reconciliation)   | 21. |         |
| 22. Total lines 16 through 21  | 22. | 36,972. |
| 23. <b>ADJUSTMENT</b> - Subtract line 22 from line 15 and enter the result. (If line 23 is positive, enter at Schedule A, Part II, line 9. If line 23 is negative, enter as a positive number at Schedule A, Part II, line 12) | 23. | 22,233. |

**Schedule S - Part II****NEW JERSEY DEPRECIATION FOR GAS, ELECTRIC, AND GAS AND ELECTRIC PUBLIC UTILITIES (See Instructions)**

|  |     |  |
|--|-----|--|
| 1. Total depreciation claimed in arriving at Schedule A, Part II, line 1   | 1.  |  |
| 2. Federal depreciation for assets placed in service after January 1, 1998   | 2.  |  |
| 3. Net - Subtract line 2 from line 1   | 3.  |  |
| 4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998)   |     |  |
| a. Total adjusted federal depreciable basis as of December 31, 1997  | 4a. |  |
| b. Excess book depreciable basis over federal tax basis as of December 31, 1997  | 4b. |  |
| c. Less accumulated federal basis for all Single Asset Account property sold, retired or disposed of to date   | 4c. |  |
| d. Total (line 4a plus line 4b less line 4c)   | 4d. |  |
| 5. New Jersey Depreciation - Divide line 4d by 30  | 5.  |  |
| 6. New Jersey Adjustment   |     |  |
| a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 - Subtract line 5 from line 3  | 6a. |  |
| b. Special bonus depreciation adjustment from Schedule S, Part I, line 23 (see instructions)   | 6b. |  |
| 7. Total Adjustment - Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part II, line 9. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 12) | 7.  |  |

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

URGENTPOINT, INC.

822-594-040/000

**Form 500****Computation of the 2021 Post Allocation Net Operating Loss (NOL) and  
Prior Net Operating Loss Conversion Carryover (PNOL) Deductions (See Instructions)**

Does the taxpayer have any Prior Net Operating Loss Conversion Carryovers? ☐ Yes. Begin Form 500 at Section A, line 1. OR ☒ No. Enter zero on Schedule A, Part 2, line 23 and continue with Section B.

**Section A - Computation of Prior Net Operating Losses (PNOL) Deduction** from periods ending PRIOR to July 31, 2019

Complete this section only if the allocated entire net income/(loss) before net operating loss deductions and dividend exclusion on Schedule A, Part II, line 22 is positive (income).

|  |    |  |
|--|----|--|
| 1. Prior Net Operating Loss Conversion Carryover (PNOL) - Enter the total of Worksheet 500-P, Part II, column 3 .....  | 1. |  |
| 2. Enter the portion of line 1 previously deducted .....   | 2. |  |
| 3. Enter the portion of line 1 that expired .....  | 3. |  |
| 4. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108* ..... | 4. |  |
| 5. PNOL available in the current tax year - Subtract lines 2, 3, and 4 from line 1 (if zero or less, enter zero) .....   | 5. |  |
| 6. Enter the allocated net income from Schedule A, Part II, line 22 .....  | 6. |  |
| 7. <b>Current tax year's PNOL deduction</b> - Enter the lesser of line 5 or line 6 here and on Schedule A, Part II, line 23 .....  | 7. |  |

\* If the allocated discharge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has post allocation net operating loss carryover in Form 500 Section B, carry the remaining balance to line 5 of Section B.

**Section B - Post Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019**

**Check the box** next to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period in which the taxpayer was a taxable member on a New Jersey combined return. **Otherwise, leave the box blank.**

|  |     |  |
|--|-----|--|
| 1. Allocated Net Operating Loss Carryover - See instructions.  |     |  |
| a. Return Period Ending <input type="checkbox"/> .....   | 1a. |  |
| b. Return Period Ending <input type="checkbox"/> .....   | 1b. |  |
| c. Return Period Ending <input type="checkbox"/> .....   | 1c. |  |
| d. Return Period Ending <input type="checkbox"/> .....   | 1d. |  |
| e. Return Period Ending <input type="checkbox"/> .....   | 1e. |  |
| f. Return Period Ending <input type="checkbox"/> .....   | 1f. |  |
| g. Return Period Ending <input type="checkbox"/> .....   | 1g. |  |
| h. Return Period Ending <input type="checkbox"/> .....   | 1h. |  |
| i. Return Period Ending <input type="checkbox"/> .....   | 1i. |  |
| j. Return Period Ending <input type="checkbox"/> .....   | 1j. |  |
| 2. Total Post Allocation Net Operating Losses (NOLs) - Add lines 1a through 1j .....   | 2.  |  |
| 3. Portion of line 2 previously deducted .....   | 3.  |  |
| 4. Portion of line 2 that expired (after 20 privilege periods) .....   | 4.  |  |
| 5. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108* ..... | 5.  |  |
| 6. NOLs available for current tax year - Subtract lines 3, 4, and 5 from line 2 .....  | 6.  |  |
| 7. Enter Allocated Entire Net Income Before Post Allocation Net Operating Loss Deduction from Schedule A, Part II, line 24 .....   | 7.  |  |
| 8. <b>Current tax year's NOL deduction</b> - Enter the lesser of line 6 or line 7 here and on Schedule A, Part II, line 25 .....   | 8.  |  |

\* If the taxpayer has any allocated discharge of indebtedness that was not used in Form 500 Section A, enter the balance.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

URGENTPOINT, INC.

822-594-040/000

WORKSHEET

**500-P**NEW JERSEY CORPORATION BUSINESS TAX  
Prior Net Operating Loss Conversion WorksheetUse this worksheet to calculate the converted prior net operating losses for use  
for tax years ending on and after July 31, 2019. **(See Instructions)**

**NOTE:** This is used to calculate your converted prior net operating losses from pre-allocated net operating loss carryovers to post-allocated net operating loss carryovers for the last tax periods ending before July 31, 2019. Use the allocation factor calculated on Schedule J in the last tax period ending prior to July 31, 2019, for Part I, line 1. This is the taxpayer's base year allocation factor for the last tax period ending before July 31, 2019, pursuant to N.J.S.A. 54:10A-4(u). **Submit a copy of this worksheet to substantiate calculations and to determine usable amounts for future years.** If more space is needed, enclose a rider listing the information.

**Part I**

|  |          |
|--|----------|
| 1. Allocation Factor For The Last Tax Period Ending Prior to July 31, 2019 (from Schedule J) ..... | 1.000000 |
|--|----------|

**Part II**

| Column 1          | Column 2   | Column 3  |
|-------------------|--|---|
| Tax Period Ending | Prior Net Operating Losses<br>(see instructions) | Converted Prior Net Operating<br>Loss Carryover Multiply<br>line I, Part I by amount in column 2, Part II |
| 2.                |  |   |
| 3.                |  |   |
| 4.                |  |   |
| 5.                |  |   |
| 6.                |  |   |
| 7.                |  |   |
| 8.                |  |   |
| 9.                |  |   |
| 10.               |  |   |
| 11.               |  |   |
| 12.               |  |   |
| 13.               |  |   |
| 14.               |  |   |
| 15.               |  |   |
| 16.               |  |   |
| 17.               |  |   |
| 18.               |  |   |
| 19.               |  |   |
| 20.               |  |   |

**CBT-160-A**NJ Division of Taxation  
(11-21)**Underpayment of Estimated NJ Corporation Business Tax**For Taxpayers With Gross Receipts of Less Than \$50 Million  
Submit with your tax return (Form CBT-100, CBT-100S, or CBT-100U)**1019A**

|                          |                        |                                  |
|--------------------------|------------------------|----------------------------------|
| Name as Shown on Return  | Federal ID Number      | Unitary ID Number, if applicable |
| <b>URGENTPOINT, INC.</b> | <b>822-594-040/000</b> | <b>NU</b>                        |

**Part I How to Calculate Your Underpayment****Note:** If you meet any of the exceptions that eliminate the underpayment charge for **any** quarter, complete Part II.

|   |   |
|---|---|
| 1. Amount of 2021 tax - See instructions for line 1 .....   | 500.  |
| 2. 90% of line 1 - If you were qualified and elected to make a single payment in lieu of paying installments of estimated tax, enter zero (see instructions) .....  | 0.  |
| 3. Prior year's tax - Enter the amount from line 6, page 1 of the 2020 CBT-100 or line 4, page 1 of the 2020 CBT-100S, or line 5, page 1 of the 2020 CBT-100U .....   | 500.  |
| 4. Enter the lesser of lines 2 or 3 .....   |   |
| 5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year (see inst)  | (a) (b) (c) (d)                             |
|   | 04/15/2021 06/15/2021 09/15/2021 12/15/2021 |
| 6. Enter 25% of line 4 in columns (a) through (d) .....   |   |
| 7. (a) Amount paid or credited for each period<br>(b) Overpayment of previous installment (enter any overpayment shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment) ..... | 250.  |
|   | 250. 250. 250.                              |
| 8. Add lines 7a and 7b .....  | 250. 250. 250.                              |
| 9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8) ...  |   |

**Part II Exceptions (See Instructions)**

|  |              |            |              |             |
|--|--------------|------------|--------------|-------------|
| 10. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year ..... | 250.         | 250.       | 250.         | 250.        |
| 11. Exception 1 - Tax based on the facts shown on the prior year's return but using current year's rates. See instructions regarding periods of less than one year .....                               | 25% of tax   | 50% of tax | 75% of tax   | 100% of tax |
|  | 22.5% of tax | 45% of tax | 67.5% of tax | 90% of tax  |
| 12. Exception 2 - Tax based on annualized tax ...  |              |            |              |             |

**Part III Installment Interest Due (See Instructions)**

|   |  |  |  |  |
|---|--|--|--|--|
| 13. Amount of underpayment from line 9 ...  |  |  |  |  |
| 14. Enter same installment dates used above at line 5   |  |  |  |  |
| 15. Enter the date of payment or the 15th day of the fourth month after the close of the tax year, whichever is earlier .....   |  |  |  |  |
| 16. Number of months from the date on line 14 to the date on line 15. (A part of a month is deemed to be a full month.) .....   |  |  |  |  |
| 17. Interest .....  |  |  |  |  |
| 18. Installment interest due - Add columns (a), (b), (c), and (d) of line 17. Enter the total here and on page 1, line 12, of Form CBT-100, page 1, line 12, of CBT-100S, or page 1, line 14, of CBT-100U ..... |  |  |  |  |

URGENTPOINT, INC.

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| NJ CBT-100                   |  | OTHER FEDERAL INCOME | STATEMENT 1 |
|------------------------------|--|----------------------|-------------|
| DESCRIPTION                  |  |                      | AMOUNT      |
| REIMBURSEMENTS               |  |                      | 245,993.    |
| TOTAL TO SCHEDULE A, LINE 10 |  |                      | 245,993.    |

| NJ CBT-100                      |  | OTHER FEDERAL DEDUCTIONS | STATEMENT 2 |
|---------------------------------|--|--------------------------|-------------|
| DESCRIPTION                     |  |                          | AMOUNT      |
| ACCOUNTING FEES                 |  |                          | 176,221.    |
| AMORTIZATION                    |  |                          | 9,048.      |
| BANK CHARGES                    |  |                          | 4,031.      |
| BILLING SERVICES                |  |                          | 384,342.    |
| BUSINESS PROMOTIONS             |  |                          | 628.        |
| CLEANING SERVICES & SUPPLIES    |  |                          | 855.        |
| COMPUTER HARDWARE               |  |                          | 26,668.     |
| CONSULTING                      |  |                          | 463,299.    |
| CONTINUING EDUCATION            |  |                          | 2,308.      |
| DUES AND SUBSCRIPTIONS          |  |                          | 81,968.     |
| GRAPHIC AND WEB DESIGN FEES     |  |                          | 53,864.     |
| INSURANCE                       |  |                          | 105,643.    |
| LEGAL FEES                      |  |                          | 68,134.     |
| MARKETING                       |  |                          | 17,323.     |
| MEALS                           |  |                          | 1,942.      |
| MEALS NOT SUBJECT TO LIMITATION |  |                          | 834.        |
| MERCHANT FEES                   |  |                          | 7,051.      |
| MOVING EXPENSE                  |  |                          | 5,060.      |
| OFFICE SUPPLIES                 |  |                          | 17,058.     |
| PARKING EXPENSE                 |  |                          | 30.         |
| PAYROLL FEES                    |  |                          | 31,372.     |
| RECRUITING                      |  |                          | 3,967.      |
| TELEPHONE & INTERNET            |  |                          | 6,756.      |
| TRAVEL                          |  |                          | 7,441.      |
| VEHICLE EXPENSE                 |  |                          | 45,611.     |
| TOTAL TO SCHEDULE A, LINE 26    |  |                          | 1,521,454.  |

URGENTPOINT, INC.

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|            |  |             |
|------------|--|-------------|
| SCHEDULE F | CORPORATE OFFICERS - INFORMATION<br>AND COMPENSATION | STATEMENT 3 |
|------------|--|-------------|

| NAME, ADDRESS, TITLE, SSN  | DATES EMPLOYED<br>FROM TO | PERCENT STOCK<br>COMMON PREF | AMOUNT OF<br>COMPENSATION |
|--|---------------------------|------------------------------|---------------------------|
| JEFF MARINUCCI<br>11 29TH AVE #1, VENICE, CA<br>90291<br>COO 364-90-3432                   | 08/23/20                  | 6.00% .00%                   | 304,006.                  |
| JOE CHAUVAPUN<br>14060 MARQUESAS WAY #2326,<br>MARINA DEL RAY, CA 90292<br>CEO 568-67-1046 | 08/23/20                  | 56.00% .00%                  | 107,447.                  |
| ANDREW LEE<br>5880 SPIRIT LAKE CT, LSIMI<br>VALLEY, CA 93063<br>CFO 546-37-7288            | 08/23/20                  | 1.00% .00%                   | 237,962.                  |
| TOTAL TO SCHEDULE F  |                           |                              | 649,415.                  |

|            |   |             |
|------------|---|-------------|
| SCHEDULE S | EXCESS DEPRECIATION ON DISPOSAL OF PROPERTY | STATEMENT 4 |
|------------|---|-------------|

| DESCRIPTION   | FEDERAL<br>DEPRECIATION | NEW JERSEY<br>DEPRECIATION |
|---|-------------------------|----------------------------|
| SALE OF 2018 CHEVROLET CRUZE  | 10,988.                 | 2,198.                     |
| TOTAL DEPRECIATION  | 10,988.                 | 2,198.                     |
| FEDERAL/NEW JERSEY DEPRECIATION DIFFERENCES<br>ON DISPOSED ASSETS   |                         | 8,790.                     |
| NEW JERSEY ADJUSTMENT BASED ON DISPOSAL OF ASSETS WITH<br>DIFFERENT FEDERAL AND NEW JERSEY BASIS (SHOWN ON OTHER<br>GAIN/LOSS FORMS AND WORKSHEETS) |                         |                            |
| TOTAL TO SCHEDULE S, LINE 20  |                         | 8,790.                     |



Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Depreciation and Amortization**  
(Including Information on Listed Property) OTHER

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**Attachment  
Sequence No. **179**

URGENTPOINT, INC.

OTHER DEPRECIATION

82-2594040

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|    |   |                              |                  |
|    |   |                              |                  |
|    |   |                              |                  |
|    |   |                              |                  |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2020 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

|    |  |    |  |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |  |
| 15 | Property subject to section 168(f)(1) election   | 15 |  |
| 16 | Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |   |    |  |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2021  | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |  |

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      | 26,791.  | 5 YRS.              | MQ             | 200DB      | 1,340.                     |
| c 7-year property              |                                      | 11,985.  | 7 YRS.              | MQ             | 200DB      | 1,284.                     |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

|                |   |  |         |    |     |  |
|----------------|---|--|---------|----|-----|--|
| 20a Class life |   |  |         |    | S/L |  |
| b 12-year      |   |  | 12 yrs. |    | S/L |  |
| c 30-year      | / |  | 30 yrs. | MM | S/L |  |
| d 40-year      | / |  | 40 yrs. | MM | S/L |  |

**Part IV Summary** (See instructions.)

|    |   |    |         |
|----|---|----|---------|
| 21 | Listed property. Enter amount from line 28  | 21 | 25,558. |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.<br>Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 28,182. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |         |

Form 4562 (2021)

**URGENTPOINT, INC.**

82-2594040 Page 2

**Part V****Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

| (a)<br>Type of property<br>(list vehicles first)  | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|---|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use |                                     |  |                               |  |                           |                              | <b>25</b>                        |                                       |
| <b>26</b> Property used more than 50% in a qualified business use:  |                                     |  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
| SEE STATEMENT 5   |                                     | %  |                               |  |                           |                              | 25,558.                          |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
| <b>27</b> Property used 50% or less in a qualified business use:  |                                     |  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   |                                     |  |                               |  |                           |                              | <b>28</b>                        | 25,558.                               |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1  |                                     |  |                               |  |                           |                              | <b>29</b>                        |                                       |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|  | (a)<br>Vehicle | (b)<br>Vehicle | (c)<br>Vehicle | (d)<br>Vehicle | (e)<br>Vehicle | (f)<br>Vehicle |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>30</b> Total business/investment miles driven during the year (don't include commuting miles) |                |                |                |                |                |                |
| <b>31</b> Total commuting miles driven during the year   |                |                |                |                |                |                |
| <b>32</b> Total other personal (noncommuting) miles driven                                       |                |                |                |                |                |                |
| <b>33</b> Total miles driven during the year.<br>Add lines 30 through 32                         |                |                |                |                |                |                |
| <b>34</b> Was the vehicle available for personal use during off-duty hours?                      | Yes            | No             | Yes            | No             | Yes            | No             |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?              |                |                |                |                |                |                |
| <b>36</b> Is another vehicle available for personal use?   |                |                |                |                |                |                |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|--|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| <b>42</b> Amortization of costs that begins during your 2021 tax year:               |                                    |                              |                        |   |                                      |
|  |                                    |                              |                        |   |                                      |
| <b>43</b> Amortization of costs that began before your 2021 tax year                 |                                    |                              |                        |   | <b>43</b>                            |
|  |                                    |                              |                        |   | 9,048.                               |
| <b>44</b> Total. Add amounts in column (f). See the instructions for where to report |                                    |                              |                        |   | <b>44</b>                            |
|  |                                    |                              |                        |   | 9,048.                               |

URGENTPOINT, INC.

82-2594040

## STATE 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 5

| (A)<br>DESCRIPTION                  | (B)<br>DATE           | (C)<br>BUS. %            | (D)<br>COST               | (E)<br>BASIS             | (F)<br>LIFE                       | (G)<br>MTH/CV                | (H)<br>DEDUCTION                         | (I) 179<br>ELECTED |
|-------------------------------------|-----------------------|--------------------------|---------------------------|--------------------------|-----------------------------------|------------------------------|--|--------------------|
| (J)<br>AUTO<br>NO                   | (K)<br>TOTAL<br>MILES | (L)<br>BUSINESS<br>MILES | (M)<br>COMMUTING<br>MILES | (N)<br>PERSONAL<br>MILES | (O)<br>WAS VEH.<br>AVAIL.?<br>Y N | (P)<br>> 5%<br>OWNER?<br>Y N | (Q)<br>ANOTHER VEH.<br>AVAILABLE?<br>Y N |                    |
| 2015 FORD<br>FIESTA                 | 06/29/19              | 100.00                   | 10,605.                   |                          | 5.00                              | 200DB-HY                     |  |                    |
| 2018 HONDA<br>CIVIC                 | 01/08/20              | 100.00                   | 20,132.                   | 20,132.                  | 5.00                              | 200DB-HY                     | 6,442.                                   |                    |
| 2017 HONDA<br>HR-V                  | 01/08/20              | 100.00                   | 19,846.                   | 19,846.                  | 5.00                              | 200DB-HY                     | 6,351.                                   |                    |
| 2016 HONDA<br>CRV                   | 05/13/20              | 100.00                   | 21,289.                   | 21,289.                  | 5.00                              | 200DB-HY                     | 6,812.                                   |                    |
| 2018<br>CHEVROLET<br>CRUZE          | 08/14/20              | 100.00                   | 10,988.                   | 10,988.                  | 5.00                              | 200DB-HY                     |  |                    |
| 2021 TOYOTA<br>COROLLA<br>HYBRID    | 04/03/21              | 100.00                   | 23,809.                   | 23,809.                  | 5.00                              | 200DB-MQ                     | 5,953.                                   |                    |
| TOTAL TO FORM 4562, PART V, LINE 26 |                       |                          |                           |                          |                                   |                              | 25,558.                                  |                    |